2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** G79710 1. Entity Name CHENEY TECHNOLOGIES GROUP INC. 05-01-2002 91533 016 ***150.00 Principal Place of Business Mailing Address P.O. BOX 149203 P.O. BOX 149203 ORLANDO FL 32814-9203 ORLANDO FL 32814-9203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2360383 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHENEY, BETTY M. Street Address (P.O. Box Number is Not Acceptable) **4010 BOBOLINK LANE** ORLANDO FL 32803 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1ffLE ☐ Delete TITLE ☐ Change Addition CHENEY, RAYMOND J SR NAME NAME STREET ADDRESS **4010 BOBOLINK LANE** STREET ADDRESS ČÍTY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TD TITLE ☐ Change ☐ Addition NAME CHENEY, BETTY M NAME STREET ADDRESS **4010 BOBOLINK LANE** STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE Sn-□-Delete --TITLE Change SD --- -☐ Addition. NAME CHENEY, DAVID J. NAME CHENEY, DAVID J. STREET ADDRESS 1210 NE 35 AVE STREET ADDRESS 6604 NW 18th AVE. CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP CAINESVILLE, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHENEY, DANIEL J. NAME STREET ADDRESS 2238 TREYMORE DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ' TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Betty M. Cheney, Treasurer

SIGNING OFFICER OR DIRECTOR

407/894-7371

Daytime Phone #

FILED