

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01055

1. Entity Name

CHATLOS CONSTRUCTION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 030 ***150.00

Principal Place of Business

Mailing Address

% MARK P. CHATLOS
2851 S.W. 141ST TERRACE
DAVIE FL 33330

% MARK P. CHATLOS
2851 S.W. 141ST TERRACE
DAVIE FL 33330-1184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2535 CAT CAY LANE

3. Mailing Address

2535 CAT CAY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD FL

City & State

FT. LAUD, FL

4. FEI Number

59-2454289

Applied For

Not Applicable

Zip

33312

Country

Brow ARD

Zip

33312

Country

Brow ARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHATLOS, MARK P.
2851 S.W. 141ST TERRACE
DAVIE FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME CHATLOS, MARK P.
STREET ADDRESS 2851 S.W. 141ST TERRACE
CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2535 CAT CAY LANE
CITY-ST-ZIP FT. LAUD FL 33312

TITLE VP
NAME CHATLOS, SUSAN H.
STREET ADDRESS 2851 SW 141 TERRACE
CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2535 CAT CAY LANE
CITY-ST-ZIP FT. LAUD FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Mark P. Chatlos

4/28/00

954-791-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)