

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31393

1. Entity Name
MAY L. CHAPMAN, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 046 ***150.00

Principal Place of Business

3959 SOUTH U.S. #1
FT. PIERCE FL 34982

Mailing Address

3959 SOUTH U.S. #1
FT. PIERCE FL 34982

2. Principal Place of Business

4812 South US #1
Suite, Apt. #, etc.

3. Mailing Address

4812 South US #1
Suite, Apt. #, etc.

City & State

FT Pierce, FL 34982

City & State

FT Pierce, FL 34982

Zip

34982

Country

St Lucie

Zip

34982

Country

St Lucie

4. FEI Number 59-2475557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BEVERLY A
6802 PENSACOLA ROAD
FT. PIERCE FL 34951

7. Name and Address of New Registered Agent

Name

Same

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

Beverly Anderson

Beverly Anderson

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, 2001 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

TITLE DPT ☐ Delete
NAME ANDERSON, BEVERLY A
STREET ADDRESS 6802 PENSACOLA ROAD
CITY-ST-ZIP FT PIERCE FL 34951

TITLE VD ☐ Delete
NAME CHAPMAN, MAY L.
STREET ADDRESS 191 JEFFREY LANE
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Anderson
Beverly Anderson

Date

1-10-01

Daytime Phone #

CR2E034 (10/00)