

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67284

1. Entity Name

CHESSER AND COMPANY, P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90110 022 ***150.00

Principal Place of Business

Mailing Address

1030 N ORANGE AVE
STE 102
ORLANDO FL 32801-1029
US

1030 N ORANGE AVE
STE 102
ORLANDO FL 32801-1029
US

2. Principal Place of Business

640 DARTMOUTH ST

3. Mailing Address

640 DARTMOUTH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number 59-2538214

Applied For
Not Applicable

Zip
32804-5817

Country
USA

Zip
32804-5817

Country
USA

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

CHESSER, S. MARC
307 E GREENTREE LANE
LAKE MARY FL 32746

Name

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

640 DARTMOUTH ST

City
ORLANDO

FL

Zip Code
32804-5817

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHESSER, S. MARC
1030 N ORANGE AVE, #102
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
640 DARTMOUTH ST
ORLANDO FL 32804-5817 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

S. Marc Chesser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00
Date

407. 872. 3830
Daytime Phone #

CR2E034 (9/99)