	Accordance to secure the second secon
<u> </u>	And the second of the second
	New Comment and Comment
(00,	
CR2E034 (10)	
	# 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

1/5/v1

407.872.3830

<u>≡</u>:±. ·

1. Entity Nam	CHESSER AND COMPANY, P.A.					FILED Jan 10, 2001 8:00 am Secretary of State				
Principal Plac	ce of Business		Mailing Add	dress			01-10-2001 900			
640 DARTMOUTH ST ORLANDO FL 32804 US  640 DARTMOUTH ST ORLANDO FL 32804 US			UTH ST							
			. 32804							
							1 1007071 E140 D1471 40010 11003 10117 D10			
Principal Place of Business     3. Mailing Address		ddress								
Suite, Apt.	Suite, Apt. #, etc.  Suite, Apt. #, etc.		i. #, etc.			DO NOT WRITE IN THIS SPACE				
07: 0.0:									N	
City & Stat	te		City & Stat	ite		4.	FEI Number 59-2538214			Applied For Not Applicable
Zip		Country	Zip		Country	5.	Certificate of Status Desired		8.75 Ad	
	6. Name	and Address of Currer	nt Registered Age	ent		7. 1	Name and Address of New Reg		•	
	oodo o La	NDC:			Name			<u> </u>		
	SSER, S. M/ DARMOUTH		•		Street Ad	ddress (P.O. E	Box Number is Not Acceptable)	•		
	ando FL 32									
					City			FL	Zip Co	de
		submits this statement			egistered office or		gent, or both, in the State of Florid		,, <b>I</b>	
GIGNATURE.  This corporate of the second sec	Signature, typed o		nt and title if applicable.	(NOTE. FILE NOW!! er MAY 1, 200		re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE	Ådde	<b>00</b> May Be ed to Fees
9. This corpo Tax filing r (See criter	Signature, typed or oration is eligit requirement a ria on back)	or printed name of registered age to be to satisfy its Intangib and elects to do so.	nt and title if applicable.  le  Afte  Make C  D DIRECTORS	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl	Registered Agent signatu ! FEE IS \$150.0 11 Fee will be \$5: 12 to Department	re required when re  50.00 of State	einstating)  10. Election Campaign Finan	DATE cing	Adde	ed to Fees
9. This corporate for the corporate filing of the corporate file.	Signature, typed or oration is eligit requirement a	or printed name of registered age only to satisfy its Intangib and elects to do so.	nt and title if applicable.  le  Afte  Make C  D DIRECTORS	(NOTE. FILE NOW!! er MAY 1, 200	Registered Agent signatu ! FEE IS \$150.0 11 Fee will be \$5. 1e to Department	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE cing	Ådde	RS IN 11
9. This corpor Tax filing r (See criter  11.  ITLE  IAME  ITREET ADDRESS	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	nt and title if applicable.  le  Afte  Make C  D DIRECTORS	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl	Registered Agent signatu  ! FEE IS \$150.0  I Fee will be \$5.  te to Department  12.  TITLE  NAME  STREET ADDRESS	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE cing	Adde	ed to Fees
9. This corporate filling in (See criterial)  11. TITLE HAME HAME HAME HAME HAME HAME HAME HAME	Signature, typed of oration is eligible requirement a ria on back)  PD CHESSER,	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	nt and title if applicable.  le	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl	Registered Agent signatu ! FEE IS \$150.0 the Fee will be \$5. the to Department  12.  TITLE NAME	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde	ed to Fees  RS IN 11  Addition
9. This corportant filing in (See criter III.  ITLE HAME ITREET ADDRESS SITY-ST-ZIP  ITLE HAME	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	nt and title if applicable.  le	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl	Registered Agent signatu  ! FEE IS \$150.0  I Fee will be \$5: te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde	ed to Fees  RS IN 11  Addition
9. This corportant filing in (See criter I.)  ITLE ITLE ITREET ADDRESS ITTY-ST-ZIP ITLE IAME ITREET ADDRESS	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	nt and title if applicable.  le	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl	Registered Agent signatu  ! FEE IS \$150.0  11 Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde	ed to Fees  RS IN 11  Addition
9. This corporate filling in (See criteria)  111.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl	Registered Agent signature  ! FEE IS \$150.0  ! Fee will be \$5: te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde	ed to Fees  RS IN 11 Addition Addition
9. This corporate filling in (See criter II.  ITLE HAME STREET ADDRESS SITY-ST-ZIP ITLE HAME STREET ADDRESS SITY-ST-ZIP ITLE HAME STREET ADDRESS SITY-ST-ZIP ITLE HAME	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete	Registered Agent signatu  ! FEE IS \$150.0  11 Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Ådde DIRECTOI ☐ Change ☐ Change	ed to Fees  RS IN 11 Addition Addition
9. This corpor Tax filing in (See criter 111.  ITILE VAME STREET ADDRESS CITY-ST-ZIP  ITILE VAME STREET ADDRESS CITY-ST-ZIP  ITILE VAME STREET ADDRESS CITY-ST-ZIP  ITILE VAME STREET ADDRESS	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  I Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition
9. This corporate in the second of the secon	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	(NOTE. FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  11 Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Ådde DIRECTOI ☐ Change ☐ Change	ed to Fees  RS IN 11 Addition Addition Addition
9. This corportax filing in (See criter I.)  ITLE  ITL	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  I Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition
3. This corporate in the corporate in th	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  11 Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change Change	Addition  Addition  Addition
J. This corportant filling in the corportant	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  I Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition
GIGNATURE .  Tax filing r (See criter 1.  TILE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C	FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  IT Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change Change	Addition  Addition  Addition
9. This corporate of the corporate of th	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C D DIRECTORS	Polete   Delete   D	Registered Agent signature  ! FEE IS \$150.0  11 Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition Addition Addition
9. This corporate of the second of the secon	Signature, typed of oration is eligit requirement a ria on back)  PD CHESSER, 640 DARM	or printed name of registered age one to satisfy its Intangib and elects to do so.  OFFICERS ANI  S. MARC OUTH ST	le Afte Make C D DIRECTORS	FILE NOW!! er MAY 1, 200 Check Payabl  Delete  Delete  Delete	Registered Agent signature  ! FEE IS \$150.0  IT Fee will be \$5:  te to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	re required when re  50.00 of State	einstating)  10. Election Campaign Finan Trust Fund Contribution.	DATE  Cing	Adde DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition Addition Addition

S MARC CHESSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**