

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90194 024 ***150.00

0510286 AV

DOCUMENT # J01914

1. Entity Name
CHASTEEN ENTERPRISES, INC.



Principal Place of Business
1390 LAKE JOSEPHINE DR.
SEBRING FL 33872-6410

Mailing Address
1390 LAKE JOSEPHINE DR.
SEBRING FL 33872-6410



2. Principal Place of Business
100 Wild Duck Pt

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lorida, Florida

City & State

4. FEI Number 59-2685766

Applied For
Not Applicable

Zip 33857 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASTEEN, JERRY D.
1390 LAKE JOSEPHINE DR.
SEBRING FL 33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CHASTEEN, JERRY D.
STREET ADDRESS 1390 LAKE JOSEPHINE DR.
CITY-ST-ZIP SEBRING FL ☒ Delete

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

TITLE DP
NAME Chasteen, Jerry D.
STREET ADDRESS 100 Wild Duck Pt.
CITY-ST-ZIP Lorida, Fla, 33857 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like endorsements.

SIGNATURE:

SIGNATURE REQUIRED Pres.

5-16-03 863-385-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)