

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 029 ****55.00

DOCUMENT # L00000012566

1. Entity Name

CHESSA INTERNATIONAL, LLC

Principal Place of Business

**2622 WEST MEMORIAL BLVD.
 LAKELAND-FL 33815**

Mailing Address

**2622 WEST-MEMORIAL BLVD.
 LAKELAND FL 33815**

2. Principal Place of Business

102 26TH ST. WEST

Suite, Apt. #, etc.

3. Mailing Address

102 26TH ST. WEST

Suite, Apt. #, etc.

City & State

BRADENTON - FLORIDA

City & State

BRADENTON - FLORIDA

Zip

34205

Country

USA

Zip

34205

Country

USA

4. FEI Number

59-3703259

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUVENAGE, JULIE
 1432 MOCKING BIRD LANE
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **PALMER, PATRICK D.**
 Street Address (P.O. Box Number is Not Acceptable)
102 26TH ST. WEST
 City **BRADENTON** FL Zip Code **34205**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, PATRICK D 2622 W MEMORIAL BLVD LAKELAND FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, PATRICK D. 102 26TH ST. WEST BRADENTON FL. 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-25-2002 941-2482082

CR2E083 (9/01)