## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am DOCUMENT # L0100007415 **Secretary of State** 02-26-2002 90005 018 \*\*\*\*55 00 CHASTELET ENTERPRISES LLC Principal Place of Business Mailing Address 2040 BRIGHTWATERS BLVD. NE P.O. BOX 55300 ST PETERSBURG FL 33704 ST PETERSBURG FL 33732 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHASTELET , GERRY BRONSTEIN, JOEL D N.E. 150 SECOND AVENUE NORTH, STE. 1100 ST PETERSBURG FL 33701 City T. PETERSBURG nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this PRESIDENT. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/07) Change Addition TITLE Delete TITLE ERRY CHASTELE? NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33732 CITY-ST-7IP ST. PETERS BURG ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TIŤĹE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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FILED