

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90026 044 \*\*\*150.00

**DOCUMENT # L62881**

1. Entity Name

**CHAUCER INVESTMENTS, INC.**

Principal Place of Business

% W. K. BAKER  
P.O. BOX 31601  
TAMPA FL 33631

Mailing Address

% W. K. BAKER  
P.O. BOX 31601  
TAMPA FL 33631

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**115 W. Bearss Ave.**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

Zip **33613**

Country **USA**

4. FEI Number **59-3000762**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTER, JAMES W**  
**4320 W KENNEDY**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **Baker, W. Kendall**  
Street Address (P.O. Box Number is Not Acceptable)  
**115 W. Bearss Ave.**  
City **Tampa** **FL** Zip Code **33613**

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 *W K Baker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/01  
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, 2001 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WALTER, JAMES W.	
STREET ADDRESS	4320 W KENNEDY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAKER, W. KENDALL	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	KOREN, EDWARD F.	
STREET ADDRESS	400 N. ASHLEY, STE. 2300	
CITY-ST-ZIP	TAMPA FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	Walter, Connie S.	
STREET ADDRESS	4320 W. Kennedy	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Baker, W. Kendall	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	115 W. Bearss Ave.	
STREET ADDRESS	Tampa, FL 33613	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *W K Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01

813-961-0530

CR2E034 (10/00)