

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90125 026 \*\*\*550.00

**DOCUMENT # L62881**

1. Entity Name  
**CHAUCER INVESTMENTS, INC.**

Principal Place of Business

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

Mailing Address

115 W BEARSS AVE  
TAMPA FL 33631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3000762**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, W. KENDALL  
115 W. BEARSS AVE  
TAMPA FL 33609

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP BAKER, W. KENDALL**  
STREET ADDRESS **115 W. BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☒ Change ☒ Addition  
NAME **DP CONNIE S. WALTER**  
STREET ADDRESS **115 W. BEARSS AVE.**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☐ Delete  
NAME **DST BAKER, W. KENDALL**  
STREET ADDRESS **1500 N. DALE MABRY**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition  
NAME **DT W. KENDALL BAKER**  
STREET ADDRESS **115 W. BEARSS AVE.**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☒ Delete  
NAME **DAS KOREN, EDWARD F.**  
STREET ADDRESS **400 N. ASHLEY, STE. 2300**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☒ Addition  
NAME **S ELEANOR M. WAGNER**  
STREET ADDRESS **115 W. BEARSS AVE.**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02 813-961-0530

Date

Daytime Phone #

CR2E034 (4/02)