2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003686 1. Entity Name CHIPDEREIEL D & CHALLVIN PROPERTIES LLC						SECRETARY OF CORPO	STATE			
CHIPPERFIELD & CHAUVIN PROPERTIES, LLC						ł company of the comp				
Principal Place of Business Mailing Address						00 MAR 17 PM 12: 44				
930 BRITT COURT. SUITE 124 930 BRITT COURT. SUITE 124				1 23/20100						
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-2081										
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					<u></u>	
Zip	Country	Zip	Cour	ntry	5. Certi	ficate of Status Desired		5.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
CHAUVIN, DAVID A				Street Address (P.O. Box Number is Not Acceptable)						
930 BRITT COURT, SUITE 124				Girel Address (I.O. Box Number is Not Acceptable)						
ALTAMONTE SPRINGS FL 32701				City □ Zip Code						
8. The above named entity submits this statement for the purpose of changing its regist					, FL					
o. me above	or manifed entity edermite the statement	risi ilio parpopo or orioriging to	. og loto.		orota agom,	5. 55. 4 110 5.11. 5 15. 15.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registere	ed Agent signature requ	uired when reinstati	ng)	DATE			
,	, and the same	FILE:NC	-111WC	FEE:IS.\$50.0	0:					
	•	Make Check Pa		•						
9.	MANAGING MEI	MBERS/MEMBERS	10.			ADDITIONS/CHA	NGES			
TITLE NAME	MGRM MILLWORK INTERNATIONAL, I	Delete	TITL		_		[Change	Addition	
STREET ADDRESS	930 BRITT COURT, SUITE 124		STR	EET ADDRESS						
CLTY- &T- ZIP TITLE	ALTAMONTE SPRINGS FL 327	U1 Delate	TITL	r - 87 - ZIP		60000315 -03/24/00	137 01	<u>'96-</u> T th me		
NAME			NAM	IE		*****50.	00	*****5	0.00	
STREET ADDRESS CITY-81-Z(P				EET ADDRE88 I-ST-ZIP						
TITLE NAME		☐ (teleta	TITE				[Change	Addition	
STREET ADDRESS			\$TRI	EET ADDRESS						
CITY-87-ZIP TITLE		☐ Delete	CITY	r-ST-ZIP				Channa	/ Addition	
NAME			MAN	IE .			_			
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS 7-8T-ZIP						
TITLE		☐ Delete	TITL					Change	Addition	
MAME STREET ADDRESS		/	,	EET ADDRESS						
CITY-8T-ZIP TITLE		Dielate	ZITL	(- 8Ț- ZIP	<u>-</u>			Change	Addition	
HAME		<i>17</i> (NAM	16			_		_	
CITY-ST-ZIP	`			FET ADDRESS - ST-ZIP						
11. I hereby indicated limited lia	certify that the information supplied value of on this report is true and accurate a ability company or the receiver outrus	with the filing does not quality for and that my signature shall have the tendempowered to execute this r	the exe he same eport as	emption stated in e legal effect as s required by Ch	Section 119. if made unde apter 608, Flo	07(3)(i), Florida Statutes. I furth r oath; that I am a managing n orida Statutes.	er certif nember	that the ir or manage	nformation or of the	
SIGNAT	TUBE: SICH	YUZE REQUI	RE:	D		3/15/01)				
SIGNA	SIGNATURE AND TYPED OF	BINTED NAME OF SIGNING MANAGING	MEMBER (OR MANAGER		Date Date	Dayt	me Phone #		