

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003686

1. Entity Name
CHIPPERFIELD & CHAUVIN PROPERTIES, LLC

Principal Place of Business
930 BRITT COURT, SUITE 124
ALTAMONTE SPRINGS FL 32701

Mailing Address
930 BRITT COURT, SUITE 124
ALTAMONTE SPRINGS FL 32701-2081

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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hf 3122100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAUVIN, DAVID A
930 BRITT COURT, SUITE 124
ALTAMONTE SPRINGS FL 32701

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MILLWORK INTERNATIONAL, INC,
930 BRITT COURT, SUITE 124
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
6000003183796--0
-03/24/00--01008-008 Addition
*****50.00 *****50.00

TITLE
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CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/00

Date

Daytime Phone #