2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007998

1. Entity Name

CHATER-CHATER INC.

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FILED May 01, 2003 8:00 am § Secretary of State 05-01-2003 90316 013 ****61.25

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Suite, Apt. #, etc Guite, Ap	P.O. BOX 194		P.O. BO	P.O. BOX 194						
Suite, Apt. #, etc Guite, Ap	2. Principal P	lace of Business	3. Mailir	ng Address						
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-				
MORGAN, ROBERT M ESQ.	City & State	е .	City & State							
### File Now: FEE IS \$61.25 TILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS Street Address Total Register August Street Address Total Register Street Address St	Zip	Country	_ <u>Li</u>		Cour	ntry		tue Docirod	8.75 Ad	
MORGAN, ROBERT M ESQ. 10110 SAN JOSE BLVD. JACKSONMILE FL 32257 City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, end at the obligations of registered agent, or posts in present agent and it in registered. SIGMATURE FILE NOW: FEE IS \$61.25 9. Election Campalign Financing Trust Fund Contribution.	· · · · · · · · · · · · · · · · · · ·	C. Name and Address of Course					Fee Hequired			
10-110 SAN JOSE BLVD. JACKSONVILLE FL 32257 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 as the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campelgn Financing Trust Fund Contribution. DFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OUT OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OUT OFFICERS BRIDGE STRET ADDRESS OUT 5:17.2P TITLE OUT OFFICERS OUT 5:17.2P TITLE		6. Name and Address of Current	Hegistered	Agent		Name	7. Name and Addre	ISS Of New Registered A	genir	
ACKSONVILLE FL 32257 City FL Zip Code					}	Street Address	(P.O. Box Number is No	ot Acceptable)	<u> </u>	
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. It am familiar with, and as the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reintating) 'DATE							-			
SIGNATURE Signature, types or printed name of requisered agent and title if accidable (NOTE Registered Agent signature required when reinstating) DATE	: }				[City		FL	Zip Cod	e
FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE D GUNTER, ALMON J. STREET ADDRESS CITY-ST-2IP TITLE D COLLINS, MARK 7022 CYPRESS BRIDGE PONTE VEDRA BEACH FL. BIRTON, DARREN 656 EAST LAKEFRONT CIRCLE SITIET ADDRESS CITY-ST-2IP TITLE D D Delate SIREET ADDRESS CITY-ST-2IP TITLE MAME SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP TITLE MAME SIREET ADDRESS SIREET			r the purpo	se of changing its	registere	d office or registe	ered agent, or both, in th	ne State of Florida. I am fa	miliar with,	and accept
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OBJORESS CITY-ST-ZIP COLLINS, MARK STREET ADDRESS CITY-ST-ZIP CITY			and title if applic	able (NOTE	: Registered	Agent signature require	ad when reinstating)	DATE		
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CITY-ST-ZIP . CITY-ST-ZIP	TITLE *			□ Delete	TITLE NAME STREET	T ADDRESS			☐ Change	☐ Addition

12. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/30/03 904.565.2911