**FILED**
**Apr 03, 2003 8:00 am**
**Secretary of State**
03-17-2003 90467 013 ****61.25

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006572

1. Entity Name
CHRYSALIS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4430 MARTIN'S WAY UNIT I<br>ORLANDO, FL 32808 | 4430 MARTIN'S WAY UNIT I<br>ORLANDO, FL 32808 |

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6682 RIVO ALTO | 6682 RIVO ALTO |
| State, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORLANDO, FL | City & State: ORLANDO, FL |
| Zip: 32809 Country | Zip: 32809 Country |

4. FEI Number: 30-0120600 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| NESBITT, ALICE<br>4430 MARTIN'S WAY UNIT I<br>ORLANDO, FL 32808 | Name: PERCOSKIE, LUANN<br>Street Address (P.O. Box Number is Not Acceptable): 6682 RIVO ALTO<br>City: ORLANDO FL Zip Code: 32809 |

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: Luann Percoskie President 3-10-03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D + President<br>PERCOSKIE, LUANN<br>527 DORADO AVEWAY UNIT I<br>ORLANDO, FL 32807 | ☐ Delete | PERCOSKIE, LUANN<br>6682 RIVO ALTO<br>ORLANDO, FL 32809 | ☒ Change ☐ Addition<br>President<br>Vice Chair |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D + Secretary<br>NESBITT, ALICE<br>4430 MARTIN'S WAY UNIT I<br>ORLANDO, FL 32808 | ☐ Delete | NESBITT, ALICE<br>4140 VERSAILLES DR<br>ORLANDO, FL 32808 | ☒ Change ☐ Addition<br>Vice President<br>Secretary |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D + Vice President<br>MARTIN, VIOLET<br>P.O.BOX 342<br>WINDERMERE, FL 34786 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | SHEA, TIMOTHY<br>800 N FERNCREEK AVENUE<br>ORLANDO, FL 32803 | ☐ Change ☒ Addition<br>Chairman |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | FULLER, SUZANNE<br>4250 HIGH PLAINS LANE<br>KISSIMMEE, FL 34744 | ☐ Change ☒ Addition<br>Treasurer |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 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 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: Luann Percoskie President 3-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Luann Percoskie President 4-1-03