2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N05016

CHEMICAL PEOPLE FOR DRUG FREE YOUTH, INC.

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90022 025 ****61.25

						01 13 2002 30022 02	.5 01.25
Principal Place of Business Mailing Address				. ,			
1497 S. Dixie Freeway New Smyrna Beach fl 32168 US		1437 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 US					
					1 /8 8 (1) 8 1 8 (1) 8 8	Får åligt ådsak hedsa årde deden avener	0101) Arati Atau Alau 1001
2. Principal	Place of Business , S. DIXIC Freeway	3. Mailing Address	xic Free	1255			
Suite, Ap		Suite, Apt. #, etc.	XIC THEC			DO NOT WRITE IN THIS SE	PACE
City & State		City & State			4. FEI Number 59-2455801 Applied For Not Applied For		
Zip	Country	Zip	Country		5. Certificate of Si	atus Desired	Not Applicable 8.75 Additional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Add	ress of New Registered Ag	ee Required
			Name	/		ICS OF NEW AUGISTERED A	gent
10050	NI FATER		Street	<u>LAY</u>	ry	Kates	
ACRES, C			Street /		O. Boy Number is i	Not Adceptable)	Jr#130/
	ICON ST- INA BEACH FL 32168			7			, , , , , , , , , , , , , , , , , , , ,
MEN SM	INA DEACH FL 32100		City A	·		1 /	Zin Codo
	·		- 1 TV	CW.	Smurno		32169
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office of	or registere	d agent, o both, in	the state of Florida.	
,		00	Y				
SIGNATURE	\mathcal{A}	2 1, Jka					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signa	ature required w	hen reinstating)	DATE	
<u> </u>		 		·			
	npaign Financing Contribution.		S5.00 May Be Added to Fees Make Check Payable to Department of State				
10.	OFFICERS AND DIR	ECTORS	11.	ΔΓ	DITIONS/CHANG	ES TO OFFICERS AND DIRE	CTOPS IN 10
TITLE	PD	⊠ Delete	TITLE	_	\ 1		Change
NAME	ACRES, KATY	<i>[</i>	NAME	1 0	ident rry Skat	65	A Citalige
STREET ADDRESS	1331 341 351		STREET ADDRESS	1104	Bouchel	le Dr #1301	
CITY-ST-ZIP	NEW SMYRNA BCH FL		CITY-ST-ZIP	ni-w	Smyrna	- Be-6-F1321	69
TITLE	SD	⊠ Delete	TITLE	Vina	Oresid		Change
NAME	RAGER, PAULA	• •	NAME	Beb	otto.	7	3
STREET ADDRESS			STREET ADDRESS	1400	oN. Dixi	e treeway	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	New	USmyrr	a Bch. Flis	32168
TITLE	D CAID DITTI	🔀 Delete	TITLE	Tre	asuver	- '	Change 🔲 Addition
NAME	FAIR, RUTH		NAME	Kay	~ 117 d mac	2-4A	•
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS	247	8 So. Gle	ncoen 1	=
	NEW SMYRNA BCH FL		CITY-ST-ZIP	Nev			32168
TITLE	GRUETER, THOMAS L	Delete	TITLE	A55 3		surer s	Change Addition
NAME STREET ADDRESS	16 BOGEY CIRCLE		NAME	Mar	y cole	- D-	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		STREET ADDRESS CITY-ST-ZIP	<u> ජූදු /</u>	Andrea	J. L. El	20110
TITLE	D			ne u	Sinyr	na sour, TI	70/68
NAME	LICHTER, JUDITH	☐ Delete	TITLE NAME		,	L	Change Addition
			STREET ADDRESS				1
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			<u></u> .	Change Addition
NAME	BUNET, FRED		NAME			_	_ 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Q

CITY-ST-ZIP

STREET ADDRESS 307 COSTA RICA

EDGEWATER FL 32141