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

Mailing Address

% PHILIP CHESLER

3. Mailing Address

City & State

Zip

DELRAY BEACH FL 33446

Suite, Apt. #, etc.

## **DOCUMENT # N21812**

1. Entity Name

% PHILIP CHESLER

S.T. BUILDING FUND, INC.

Principal Place of Business

7076 HUNTINGTON LANE, APT. 806 DELRAY BEACH FL 33446

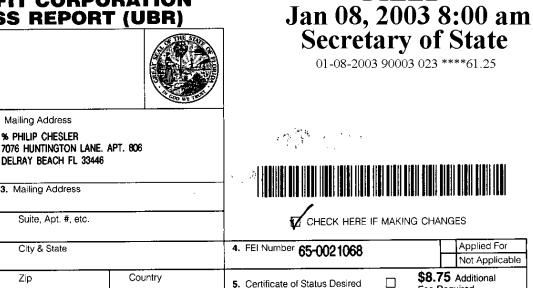
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE



FERDIE, AINSLEE R. 717 PONCE DE LEON BLVD. **SUITE 215 CORAL GABLES FL 33134** 

7. Name and	7. Name and Address of New Registered Agent					
 Name						
Street Address (P.O. Box Number is Not Acceptable)						
	and the second s	T =: 0 .				
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 accept
	the obligations of registered agent.		

FILE NOW: FEE IS \$61.25

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Fee Required

FILED

FILE NOW: FEE IS \$61.25  10. OFFICERS AND DIRECTORS				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHESLER, PHILIP 7076 HUNTINGTON LANEA806 DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAZER, MAURICE FANSHAW I 377 BOCA RATON FL	<b>⋈</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RALPH SHEN REXFORD B-4 BOOM RATCH, I	© Change 028 51. 33434	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANDLER, HENRY 14055 NESTING WAY DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - SHANDLER HI 12322 WEDGE BOYNTON BENC	<b>⊠</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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:** 

JIREDPHILIP CHESLER 1/7/03-561-496-3249