

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90011 024 ****70.00

DOCUMENT # N95000002476

1. Entity Name

THE CHIMP FARM, INC.

Principal Place of Business

Mailing Address

**4612 ALTERNATE HIGHWAY 19 SOUTH
 PALM HARBOR FL 34683**

**4612 ALTERNATE HIGHWAY 19 SOUTH
 PALM HARBOR FL 34683**

738627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3318127

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLETCHER, DEBORAH D
 4612 ALT HWY 19 S
 TARPON SPRINGS FL 34689**

Name

SAME

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 \$81.25

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **NOELL, ROBERT E SR**
 STREET ADDRESS **300 BAY ST**
 CITY-ST-ZIP **OZONA FL 34660**

TITLE **D** ☐ Delete
 NAME **SCOTT, DAVID L DR**
 STREET ADDRESS **1808 FLORIDA AVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683-4700**

TITLE **D** ☐ Delete
 NAME **FLETCHER, DEBORAH A**
 STREET ADDRESS **5988 GREENACRES**
 CITY-ST-ZIP **HOMASASA SPRINGS FL 32647**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Change Address**
 STREET ADDRESS **Fletcher, Deborah A.**
 CITY-ST-ZIP **4612 Alt 19**
Palm Harbor, Fla 34683

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE OF: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

727-943-5897

Daytime Phone #

CR2E037 (10/00)