

1. Entity Name
CHUCKDAR, INC.



Principal Place of Business
CHUCKDAR, INC, DBA PINCH A PENNY # 24
3210 LITTIA PINECREST ROAD
VALRICO, FL 33594

Mailing Address
CHUCKDAR, INC, DBA PINCH A PENNY # 24
3210 LITTIA PINECREST ROAD
VALRICO, FL 33594

FILED
Apr 27, 2007 08:00 AM
Secretary of State



01042007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3617887

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERMIDA, REMY
1707 W. REYNOLDS ST
PLANT CITY, FL 33566

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HERMIDA, REMY
1707 W REYNOLDS ST
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
HERMIDA, REMY C
3210 LITHIA PINECREST RD
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/14/07-80043-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Remy C Hermida 4/25/07 (813) 681-6552