

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90707 018 ***150.00

DOCUMENT # P00000006499

1. Entity Name
CHADWICK, GRAYSON, BAUER & CO., INC.

Principal Place of Business
2500 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE FL 33009

Mailing Address
P.O. DRAWER 14513
FORT LAUDERDALE FL 33302-4513

2. Principal Place of Business
4380 N.E. 11th Avenue

3. Mailing Address
4380 N.E. 11th Avenue

Suite, Apt. #, etc.

City & State
Oakland Park, FL 33334

City & State
Oakland Park, FL 33334

Zip **Country** **Zip** **Country**

4. FEI Number **65-1043710** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEALY, MICHAEL E SR.
2500 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
ZEALY, MICHAEL E. SR.
Street Address (P.O. Box Number is Not Acceptable)
4380 N.E. 11 Avenue
City **Oakland Park** **FL** **Zip Code** **33334**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **ZEALY, SR., MICHAEL E**
STREET ADDRESS **2500 E HOLLAND BCH BLVD., STE. 707**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Change** ☐ **Addition**
NAME **ZEALY, SR., MICHAEL E.**
STREET ADDRESS **4380 N.E. 11th Avenue**
CITY-ST-ZIP **Oakland Park, FL 33334**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Zealy, Sr. **5-1-02** **954 491 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)