

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90148 035 ***150.00

DOCUMENT # P00000040631

1. Entity Name

CHEZNOR ENTERPRISES INC.

Principal Place of Business

Mailing Address

**4404 N.W. 44 AVENUE
TAMARAC FL 33319**

**POST OFFICE BOX 1402
LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

4404 NW 44 AVENUE

POST OFFICE BOX 1402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMARAC

LAKE WORTH

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

33319

USA

Zip

Country

33460

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-1037340

Not Applicable

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

**EBANKS, CHESTER D
4404 N.W. 44 AVENUE
TAMARAC FL 33319**

Name

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **EBANKS, CHESTER D**
CITY-ST-ZIP **4404 N.W. 44 AVENUE
TAMARAC FL 33319**

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

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **LINDSEY, NORRIS**
CITY-ST-ZIP **4404 N.W. 44 AVENUE
TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **EBANKS, PAUL**
CITY-ST-ZIP **4404 N.W. 44 AVENUE
TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul Ebanks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

561-588-2499

Daytime Phone #

CR2E034 (10/00)