

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90045 024 ***150.00

DOCUMENT # P00000049224

1. Entity Name
CHIEF'S BROKERAGE, INC.

Principal Place of Business

**4975 WINDMILL CT.
MIDDLEBURG FL 32068**

Mailing Address

**4975 WINDMILL CT.
MIDDLEBURG FL 32068**

2. Principal Place of Business

1518 Shedd Road

3. Mailing Address

1518 Shedd Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL. Green Cove Springs, FL.

Zip

32043

Country

Clay

Zip

32043

Country

Clay

4. FEI Number

59-3320847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, SANDRA M
4975 WINDMILL CT.
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

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, 2002 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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WELLS, SANDRA M | |
| STREET ADDRESS | 4975 WINDMILL CT | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WELLS, DAVID E | |
| STREET ADDRESS | 4975 WINDMILL CT | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WELLS, SANDRA M | |
| STREET ADDRESS | 4975 WINDMILL CT | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WELLS, DAVID E | |
| STREET ADDRESS | 4975 WINDMILL CT | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLS, SANDRA M. | |
| STREET ADDRESS | 1518 SHEDD ROAD | |
| CITY-ST-ZIP | GREEN COVE SPRINGS, FL. 32043 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLS, DAVID E. | |
| STREET ADDRESS | 1518 SHEDD ROAD | |
| CITY-ST-ZIP | GREEN COVE SPRINGS, FL. 32043 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra M. Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01) 550