

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057761

1. Entity Name

CHIPS INTERNET SERVICE, INC.

Principal Place of Business

11205 SW 92ND ST.  
GRAHAM FL 32042

Mailing Address

P. O. BOX 244  
GRAHAM FL 32042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WELLS, ROY E  
5392 NW CR 225  
LAWTEY FL 32058

7. Name and Address of New Registered Agent

Name: Rebecca L. Perry  
Street Address (P.O. Box Number is Not Acceptable):  
PO Box 244 -  
11205 SW 92nd St  
City: Graham FL Zip Code: 32042

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

Rebecca L. Perry, Treasurer

4-23-01

Signature, typed or printed name of registered agent and title (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLS, ROY E	
STREET ADDRESS	11205 SW 92ND ST.	
CITY-ST-ZIP	GRAHAM FL 32042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRY, MICHAEL R	
STREET ADDRESS	11205 SW 92ND ST.	
CITY-ST-ZIP	GRAHAM FL 32042	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLS, JEAN M	
STREET ADDRESS	11205 SW 92ND ST.	
CITY-ST-ZIP	GRAHAM FL 32042	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERRY, REBECCA L	
STREET ADDRESS	11205 SW 92ND ST.	
CITY-ST-ZIP	GRAHAM FL 32042	
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	<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	
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	
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)(l), 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:

Rebecca L. Perry, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 485-2124

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90109 031 \*\*\*150.00

C00064170



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3653279 Applied For Not Applicable

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

CR2E034 (10/00)