

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90333 027 \*\*\*150.00

**DOCUMENT # P00000072533**

1. Entity Name  
**CHOPPER ONE, INC.**

Principal Place of Business  
**150 INDUSTRIAL PARK RD. SUITE 16**  
**DESTIN FL 32541**

Mailing Address  
**150 INDUSTRIAL PARK RD. SUITE 16**  
**DESTIN FL 32541**

2. Principal Place of Business  
**Chopper One Inc**  
 Suite, Apt. #, etc.  
**511 A Hwy 98 E**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.

City & State  
**Destin FL**

City & State

4. FEI Number **59-3662002**

Applied For  
 Not Applicable

Zip Country  
**32541 Okaloosa**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**PERRY, DAVID C**  
**150 INDUSTRIAL PARK RD, SUITE 16**  
**DESTIN FL 32541**

**7. Name and Address of New Registered Agent**

Name **David C Perry**  
 Street Address (P.O. Box Number is Not Acceptable)  
**511 A Hwy 98 E**  
 City **Destin** **FL** Zip Code **32541**

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 \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** ☐ Delete  
 NAME **PERRY, DAVID C**  
 STREET ADDRESS **150 INDUSTRIAL PARK RD STE 16**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VST** ☐ Delete  
 NAME **FRIGAN, RICK**  
 STREET ADDRESS **150 INDUSTRIAL PARK RD STE 16**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PO** ☐ Change ☐ Addition  
 NAME **Perry, David C**  
 STREET ADDRESS **511 A Hwy 98 E**  
 CITY-ST-ZIP **Destin FL 32541**

TITLE ☐ Change ☐ Addition  
 NAME **FRIGAN RICK**  
 STREET ADDRESS **150 Industrial PK Rd STE 16**  
 CITY-ST-ZIP **Destin FL 32541**

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

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

TITLE ☐ Change ☐ Addition  
 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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/18/02** Daytime Phone #

CR2E034 (4/02)

To whom it may concern: ~~Attachments~~ 60131324 7/18/02

We at Chopper One Inc. have only  
received one notice. We have <sup>#P0000007253</sup> moved  
address so it might have got crossed in  
the mail.

I thank you,

David Perry PD