

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078852

1. Entity Name
CHIEFTAIN CARRIAGE WORKS, CO.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90161 032 ***150.00

Principal Place of Business

150 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

Mailing Address

150 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

2. Principal Place of Business

369 CORYDON DR
Suite, Apt. #, etc.

3. Mailing Address

369 CORYDON DR
Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL
Zip 33166 Country USA

City & State

MIAMI SPRINGS FL
Zip 33166 Country USA

4. FEI Number

65-1102578

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, JOSEPH
150 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
369 CORYDON DR
City MIAMI SPRINGS FL Zip Code 33166

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

TITLE D
NAME BRYANT, JOSEPH
STREET ADDRESS 150 MORNINGSIDE DR.
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 369 CORYDON DR
CITY-ST-ZIP MIAMI SPRINGS FL, 33166 ☒ Change ☐ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02 305-884-4833

Date

Daytime Phone #

CR2E034 (10/00)