

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084469

1. Entity Name
CHANDLER SOLUTIONS, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90064 017 ***150.00

Principal Place of Business
210 S MATANZAS AVE
TAMPA FL 33609

Mailing Address
210 S MATANZAS AVE
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12157^W Linebaugh Ave

Suite, Apt. #, etc.

277

City & State

Tampa FL

Zip

33626

Country

USA

3. Mailing Address

12157^W Linebaugh Ave

Suite, Apt. #, etc.

277

City & State

Tampa FL

Zip

33626

Country

USA

4. FEI Number

59-3678340

Applied For

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

CHANDLER, EVERETT C III
210 S MATANZAS AVE
TAMPA FL 33609

Name

Everett Chandler III

Street Address (P.O. Box Number is Not Acceptable)

12157 West Linebaugh Ave

#277

City

TAMPA

FL

Zip Code

33626

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]

Everett Chandler III

4-23-2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CHANDLER, EVERETT C III
210 S MATANZAS AVE
TAMPA FL 33609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
12157 West Linebaugh Ave, # 277
TAMPA, FL 33626

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001

Date

813-960-4627

Daytime Phone #

CR2E034 (10/00)