

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90638 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086948

1. Entity Name

CHESNEY ENTERPRISES, INC.

Principal Place of Business

973 VIRGINIA AVENUE
PALM HARBOR FL 34683

Mailing Address

973 VIRGINIA AVENUE
PALM HARBOR FL 34683

C0069506

2. Principal Place of Business

601 Patricia Ave

3. Mailing Address

601 Patricia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3484993

Applied For

Not Applicable

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

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

MCATEE, CAROL
ACCOUNTING CONSULTANTS
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Name

Chad Welch

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

601 Patricia Ave

City

Dunedin

FL

Zip Code

34698

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 Chad Welch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when changing)

DATE

4-26-01

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-STATE-ZIP	P Chad Welch 601 Patricia Ave Dunedin, FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-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 this 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

Chad Welch, president

727-785-5026

CR2 F034 (10/00)