9547335618 LOUIS MAMO & COMPANY

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90060 030 ***150.00

DOCUMENT # P00000108588

1. Entity Name
CHUCK & ELLIE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11988 42ND ROAD N.		11988 42ND ROAD N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROYAL PALM BEACH, FL		City & State: ROYAL PALM BEACH, FL	
Zip: 33411	Country: PALM BEACH	Zip: 33411	Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1067727 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ELEANOR B. O'BRIEN
Street Address (P.O. Box Number is Not Acceptable): 11988 42ND ROAD N.
City: ROYAL PALM BEACH FL Zip Code 33411

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] ELEANOR B. O'BRIEN 4/19/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	ELEANOR B. O'BRIEN	NAME	
STREET ADDRESS	11988 42ND ROAD N.	STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: [signature] ELEANOR B. O'BRIEN 4/19/02 561-798-5611