

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90437 045 \*\*\*150.00

DOCUMENT # P01000005108

1. Entity Name

CHICAGO INVESTORS, INC.

671255

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6710 WINKLER ROAD

Suite, Apt. #, etc.

#7

3. Mailing Address

6710 WINKLER ROAD

Suite, Apt. #, etc.

#7

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33919

Country

Zip

33919

Country

4. FEI Number

65-1072823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LAMB, JEFFREY R.

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

868 106TH AVENUE N.

City

NAPLES

FL

Zip Code

34108

**DO NOT WRITE  
IN THIS SPACE**

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.

JEFFREY R. LAMB

(NOTE: Registered Agent signature required when reinstating)

04/26/02

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
PATAK, RONALD A.  
6131 TIDEWATER ISLAND CIRCLE  
NAPLES, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
F. BEAVEN SMITH  
1644 DUKE OF WINDSOR ROAD  
VIRGINIA BEACH, VA 23454

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD PATAK 2/30/02 239-454-1166

Date

Daytime Phone #