

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90089 005 \*\*\*150.00

**DOCUMENT #** P01000024692  
**Entity Name**  
 CHAPMAN ENTERPRISES OF CENTRAL FLORIDA, INC.

**Principal Place of Business**  
 1812 MAINE COURT  
 TAVARES FL 32778

**Mailing Address**  
 1812 MAINE COURT  
 TAVARES FL 32778



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 PETLAND #318  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 10601 US Hwy 441 E4  
 Suite, Apt. #, etc.

**City & State**  
 LEESBURG

**4. FEI Number**  
 59-3705328

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

**Zip** 34788 **Country** LAKE

**6. Name and Address of Current Registered Agent**  
 CHAPMAN, DAVID  
 1812 MAINE COURT  
 TAVARES FL 32778

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

**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** DAVID CHAPMAN *[Signature]* 2/3/02  
 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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		
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**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]* 2/2/02 352-728-0738  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)