

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

DOCUMENT # *P01000077716*

1. Entity Name
ChuggiesToo, Inc.

FILED

FILED
Aug 05, 2002 8:00 A.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3920 S. OBT
Suite, Apt. #, etc.

3. Mailing Address
3920 S. OBT
Suite, Apt. #, etc.

4. City & State
KISSIMMEE FL
Zip *34746* Country *USA*

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KISSIMMEE FL
Zip *34746* Country *USA*

4. FEL Number
59-3737197 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Name *Linda VANZILE*
Street Address (P.O. Box Number is Not Acceptable)
213 Village Ct.
City *DAVENPORT* Zip Code *FL 33896*

DO NOT WRITE IN THIS SPACE

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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 *John Davis JOHN DAVIS* (NOTE: Registered Agent signature required when reinstating) DATE *8/5/02*

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$850.00
Amended UBR is \$61.25
Make Check Payable to Department of State

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 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	PRESIDENT <i>John C DAVIS</i> <i>3920 S. OBT</i> <i>KISSIMMEE FL, 34746</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3000006976353-4</i> <i>08/08/02-01082-001</i> <i>*****70.00 *****70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <i>Linda VANZILE</i> <i>213 Village Ct</i> <i>Davenport FL 33896</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda VANZILE Linda VANZILE* Date *8/5/02* Daytime Phone # *420-7156*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Current President