

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90131 036 \*\*\*550.00

**DOCUMENT # P01000095769**

1. Entity Name  
**CHY & ASSOCIATES, P.A.**

Principal Place of Business  
**1 PURLIEU PLACE SUITE 160**  
**WINTER PARK FL 32793**

Mailing Address  
**1 PURLIEU PLACE SUITE 160**  
**WINTER PARK FL 32793**

2. Principal Place of Business  
**1 Purlieu place**  
 Suite, Apt. #, etc.  
**#160**

3. Mailing Address  
**P.O. Box 4262**  
 Suite, Apt. #, etc.

City & State  
**Winter Park FL**

City & State  
**Winter Park FL**

4. FEI Number  
**59-3755618**

Applied For  
 Not Applicable

Zip  
**32793**

Country

Zip  
**32793**

Country

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**

**CARRINGTON, EVE**  
**1 PURLIEU PLACE SUITE 160**  
**WINTER PARK FL 32793**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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-ST-ZIP  
**Emily Hicks**  
**Vice President/Treasurer**  
**1 Purlieu Place**  
**Winter Park FL 32793**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)