


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0098194 AV

DOCUMENT # P01000095769	
1. Entity Name CHY & ASSOCIATES, P.A.	

FILED

03 APR -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



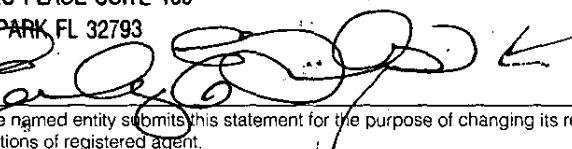
Principal Place of Business 1 PURLIEU PLACE SUITE 160 #160 WINTER PARK FL 32793 US	Mailing Address P O BOX 4262 WINTER PARK FL 32793 US
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2. Principal Place of Business 2915 Helen Avenue Suite/Apt. #, etc.	3. Mailing Address 2915 Helen Avenue Suite/Apt. #, etc.
City & State Orlando, Florida Zip 32804 Country	City & State Orlando, Florida Zip 32804 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3755618	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRINGTON, EVE 1 PURLIEU PLACE SUITE 160 WINTER PARK FL 32793	
7. Name and Address of New Registered Agent Name: Emily E Hicks Street Address (P.O. Box Number is Not Acceptable): 2915 Helen Avenue City: Orlando FL Zip Code: 32804	

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.

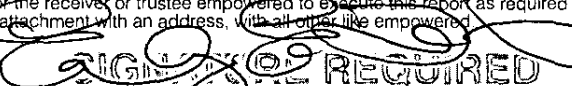
SIGNATURE:  DATE: 4/4/2003

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT P D HICKS, EMILY 1 PURLIEU PLACE WINTER PARK FL 32793 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100016978371 04/24/03--01083--032 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/4/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)