

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

01-27-2002 90005 026 \*\*\*158.75

**DOCUMENT # P01000100766**

1. Entity Name  
**ALL TERRAIN, INC.**

Principal Place of Business  
**5200 OBANNON ROAD**  
**FORT MYERS FL 33905**

Mailing Address  
**5200 OBANNON ROAD**  
**FORT MYERS FL 33905**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1146056**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CHAPMAN, KAREN T**  
**5200 OBANNON ROAD**  
**FORT MYERS FL 33905**

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 *Karen T Chapman Jan 8, 2002*  
Signature, typed or printed name of registered agent and title (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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, KAREN T</b>
STREET ADDRESS	<b>5200 OBANNON ROAD</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, WILLIAM R</b>
STREET ADDRESS	<b>5200 OBANNON ROAD</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AYERS, CARL SHANNEN</b>
STREET ADDRESS	<b>5200 OBANNON ROAD</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Karen T Chapman* **Pres Karen T Chapman 1-8-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9-11-694-2900

CR2E034 (9/01)