

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-13-2003 90649 043 ***150.00
P01000109338

FILED

03 FEB 12 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000109338

1. Entity Name

CHIPMUNK HARDWOODS, INC.

Principal Place of Business

435 S. RIDGEWOOD AVENUE, #210
DAYTONA BEACH, FL 32114

Mailing Address

435 S. RIDGEWOOD AVENUE, #210
DAYTONA BEACH, FL 32114

2. Principal Place of Business

139 Arbor Lane

Suite, Apt. #, etc.

3. Mailing Address

139 Arbor Lane

Suite, Apt. #, etc.

City & State

Edgewater, FL

Zip 32141

Country

Volusia

City & State

Edgewater, FL

Zip

32141

Country

Volusia

4. FEI Number

59-3754063

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required.

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STEWART, BRADLEY
139 ARBOR LANE
EDGEWATER FL 32141

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. 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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Bradley C. Stewart 139 Arbor Lane Edgewater, FL 32141-7201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bradley C. Stewart* **BRADLEY C. STEWART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

386 427 3476

Date

Daytime Phone #

CR2E034 (10/02)