

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90095 045 \*\*\*550.00

UNIFORM UBR

DOCUMENT # **P02000016100**

1. Entity Name  
**R & D CHITWOOD, INC.**



Principal Place of Business  
**1537 PIEDMONT DRIVE  
DELTONA FL 32725**

Mailing Address  
**1537 PIEDMONT DRIVE  
DELTONA FL 32725**



2. Principal Place of Business  
**414 Arbor Lakes Cir**  
Suite, Apt. #, etc.

3. Mailing Address  
**414 Arbor Lakes Cir**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES  
**Address**

City & State  
**Sanford FL**

City & State  
**Sanford FL**

4. FEI Number  
**02-0547518**

Applied For  
Not Applicable

Zip  
**32771**

Country  
**U.S.A.**

Zip  
**32771**

Country  
**U.S.A.**

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

**CHITWOOD, ROBIN  
1537 PIEDMONT DRIVE  
DELTONA FL 32725**

*Same Registered Agent  
New address*

Name **Chitwood, Robin**  
Street Address (P.O. Box Number is Not Acceptable)  
**414 Arbor Lakes Cir**

City **Sanford** **FL** Zip Code **32771**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DP CHITWOOD, ROBIN**  
STREET ADDRESS **1537 PIEDMONT DRIVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE  Change  Addition

TITLE  Delete  
NAME **ST CHITWOOD, DAWN**  
STREET ADDRESS **1537 PIEDMONT DRIVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  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: *[Signature]* **Chitwood** President **7/22/03** **(386) 717-3644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)