

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90186 049 ***150.00

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1. Entity Name
CHROME DIVAS, INC.



Principal Place of Business
**7889 MACLEAN RD.
TALLAHASSEE FL 32312**

Mailing Address
**7889 MACLEAN RD.
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

7. Name and Address of New Registered Agent

**FRIEDMAN, MARTIN S ESQ
ROSE, SUNDSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	Kristen Bentley	
STREET ADDRESS	7889 Maclean Rd.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Sharon Mierkle	
STREET ADDRESS	7714 McClure	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jan McElreath	
STREET ADDRESS	7859 Maclean	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Treas.	<input type="checkbox"/> Delete
NAME	Rhonda Brown	
STREET ADDRESS	3495 Gardenview way	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	Becky Miller, Officer	<input type="checkbox"/> Delete
NAME	1929 Cheryl's	
STREET ADDRESS	Tallahassee, FL 32317	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Carlotta Stauffer	
STREET ADDRESS	131 Leonardo Pl.	
CITY-ST-ZIP	Thomasville, GA 31792	

TITLE	Kay Myers, Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2626 S. Hannon H. 11 Dr.	
STREET ADDRESS	Tallahassee, FL 32309	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	Lisa Scott, Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7814 Maclean	
STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Patty Gaddis, Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 Raft Ave	
STREET ADDRESS	Halbrook, NY 11741	
CITY-ST-ZIP	Halbrook, NY 11741	
TITLE	Deanna Hartford, Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2361 Rosewood Lane	
STREET ADDRESS	Biloxi, MS 39532	
CITY-ST-ZIP	Biloxi, MS 39532	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Rhonda M. Brown **4-8-03** **668-3983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)