2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3. P02000026424 DOCUMENT # 03-05-2003 90033 045 ***150.00 Entity Name CHANEY SYSTEMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 29605 US HWY 19 STE 130 29605 US HWY 19 STE 130 CLEARWATER FL 33761 **CLEARWATER FL 33761** 2. Principal Place of Business 2056 Dia 3. Mailing Address Diamon 2056 Diamond Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & Staje Old 5 mar Applied For Old CMOY Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNDINGER-MARK ----Street Address (P.O. Box Number is Not Acceptable) 29605 US HWY 19 STE 130 **CLEARWATER FL 33761** Zio 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, 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition CHANEY, DALE Chaney, Dale 2056 Diamond Ct. NAME NAME 29605 US HWY 19 STE 130 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33761** СЛÝ-ST-216 Oldsmar, FL 3\$677 CITY-SI-7IP TITLE ☐ Celete TITLE Change ☐ Addition CHANEY, GABRIELLE NAME NAME STREET ADDRESS 29605 US HWY 19 STE 130 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET-ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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

SIGNATURE:

FILED Mar 21, 2003 8:00 am Secretary of State