

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90259 030 \*\*\*158.75

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AV

**DOCUMENT # P02000029372**

1. Entity Name  
**THE CHOPPER STOP, INC.**



Principal Place of Business  
**6219 MASSACHUSETTS AVE STE #4  
NEW PORT RICHEY FL 36453**

Mailing Address  
**6219 MASSACHUSETTS AVE STE #4  
NEW PORT RICHEY FL 36453**



2. Principal Place of Business <b>6219 Massachusetts</b>		3. Mailing Address <b>6219 Massachusetts Ave</b>	
Suite, Apt. #, etc. <b>Suite 4</b>		Suite, Apt. #, etc. <b>Suite 4</b>	
City & State <b>New Port Richey</b>		City & State <b>New Port Richey</b>	
Zip <b>34653</b>	Country <b>Pasco</b>	Zip <b>34653</b>	Country <b>Pasco</b>

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3614021** ☐ Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAINEY, SHELBY D  
14428 GUAVA STREET  
HUDSON FL 34667**

7. Name and Address of New Registered Agent  
Name **N/A**  
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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President Shelby D. Rainey 14428 Guava St. Hudson, FL 34667</b>	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: **X** **Shelby Rainey** **RAINED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/21/03** **727-842-8981**  
Date Daytime Phone #

CR2E034 (10/02)