

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90204 028 ***563.75

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DOCUMENT # P02000035894

1. Entity Name
CANTERBURY ESTATES, INC.



Principal Place of Business
**195 WELLINGTON DR
PALM COAST FL 32164**

Mailing Address
**195 WELLINGTON DR
PALM COAST FL 32164**

2. Principal Place of Business

3. Mailing Address

195 WELLINGTON DRIVE

195 WELLINGTON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

PALM COAST, FL

Zip

Country

Zip

Country

32164

USA

32164

USA

4. FEI Number

Applied For

13-4241110

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

**CHIUMENTO, MICHAEL D ESQ
4 OLD KINGS RD N STE B
PALM COAST FL 32137**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RICHARDSON, NOEL
8 WEBELO PL
PALM COAST FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT &
GENERAL MANAGER &
DIRECTOR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERON, HERBERT
195 WELLINGTON DR
PALM COAST FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT &
DIRECTOR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOEL RICHARDSON 5/1/03

386-503-8327

Date

Daytime Phone #

CR2E034 (10/02)