

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 046 ***150.00

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1. Entity Name
J.CHATTERTON, INC.



Principal Place of Business
4047 PRIORY CIR
TAMPA FL 33624

Mailing Address
4047 PRIORY CIR
TAMPA FL 33624



Principal Place of Business
9009 Corporate Lake DR

3. Mailing Address
9009 Corporate Lake DR.

Suite, Apt. #, etc.

#115

Suite, Apt. #, etc.

#115

City & State

TPA FL

City & State

TPA FLA

Zip

33634

Country

USA

Zip

33624

Country

USA

4. FEI Number

04-3696250

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHATTERTON, JAMES
STREET ADDRESS 4047 PRIORY CIR
CITY-ST-ZIP TAMPA FL 33624

TITLE VD ☐ Delete
NAME CHATTERTON, CAMMIE
STREET ADDRESS 4047 PRIORY CIR
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ Delete
NAME CHATTERTON, WILLIAM
STREET ADDRESS 4047 PRIORY CIR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Chatterton

4-29-03

813 265 3321

Date

Daytime Phone #

CR2E034 (10/02)