2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

NAPLES FL 34112

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1992 PICCADILLY CIRCUS

P02000080569 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

1992 PICCADILLY CIRCUS

NAPLES FL 34112

CHANDLER CONSTRUCTION GROUP, INC.

Country

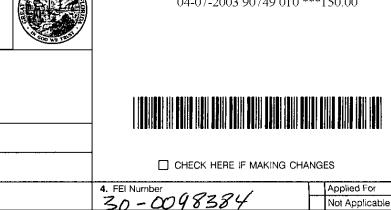


Apr 07, 2003 8:00 am Secretary of State FILED

04-07-2003 90749 010 ***150.00

\$8.75 Additional

Fee Required



5. Certificate of Status Desired

		I I	· · · · · · · · · · · · · · · · · · ·	
6. Name and Address of Current Registered Agent		7. Name an	7. Name and Address of New Registered Agent	
ROSEMEYER, DENISE		Name Street Address (P.O. Box Numb	er is Not Acceptable)	
1992 PICCADILLY CIR NAPLES FL 34112	CUS &			
		City	FL Zip Code	
8. The above named entity the obligations of register		registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE:	<u> </u>			

Country

Signature, typed or printed name of registered agent and title if applicab	ble. (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		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition TITLE ☐ Delete ROSEMEYER, DENISE NAME NAME STREET ADDRESS 1992 PICCADILLY CIRCUS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete 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 ☐ Delete TITLE 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 CITY-ST-ZIP 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: