

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90256 006 ***150.00

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1. Entity Name
HOT CHIX, INC.



Principal Place of Business
**18395 GULF BLVD STE 103
INDIAN SHORES FL 33785**

Mailing Address
**C/O LEONARD S ENGLANDER, ESO
PO BOX 1854
ST PETERSBURG FL 33731-1854**

55046665



2. Principal Place of Business

3. Mailing Address

18395 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Indian Shores, FL

Zip

Country

Zip

Country

33785

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **Corporation is currently Applied For**
inactive, no ID # at present time ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGLANDER & FISHER, P.A.
721 FIRST AVE NORTH
ST PETERSBURG FL 33701**

Name

Frank Chivas

Street Address (P.O. Box Number is Not Acceptable)

18395 GULF BLVD

Suite 103

City

Indian Shores

FL

Zip Code

33785

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

Frank R. Chivas

Frank R. Chivas

4.29.03

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 **D** ☐ Delete
NAME **CHIVAS, FRANK**
STREET ADDRESS **18395 GULF BLVD STE 103**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 of Frank R. Chivas

4.29.03

727 391 4052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)