

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91192 050 ***150.00

DOCUMENT # P02000121177

1. Entity Name
SHEILA CHAPA, INC.



Principal Place of Business
26042 PRINCESS LN
BONITA SPRINGS FL 34135

Mailing Address
26042 PRINCESS LN
BONITA SPRINGS FL 34135

55039590



Principal Place of Business

3. Mailing Address

19004 Pine Run Ln
Suite, Apt. #, etc.

19004 Pine Run Ln
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

FT Myers FL

FT Myers FL

4. FEI Number

Applied For
Not Applicable

57-1137390

Zip
33912

Country
USA

Zip
33912

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WROBLE, ROBERT F
7340 PROVINCE WAY #3307
NAPLES FL 34104

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

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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

4/15/03

Date

239-850-3611

Daytime Phone #

CR2E034 (10/02)