

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90005 027 \*\*\*150.00

**DOCUMENT # P29317**  
**1. Entity Name**  
 Chester Engineers, Inc. ✓

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
 Cherrington Corp. Center 40-004 Cook St.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 1600 Clubhouse Dr. Attn: Teri Dougherty  
 City & State City & State  
 Coraopolis, PA Palm Desert, CA  
 Zip Zip Country Country  
 15108 USA 92211

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **Applied For**  
 5114190 ☐ Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 S. Pine Island Rd.  
 Plantation, FL 33324

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**9. This corporation is eligible to satisfy its Intangible**  
 • Tax filing requirement and elects to do so. ☐  
 (See criteria on back) ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D.V.P.S.	<input type="checkbox"/> Delete
<b>NAME</b>	Stephen P. Stanczak	
<b>STREET ADDRESS</b>	40-004 Cook St.	
<b>CITY-ST-ZIP</b>	Palm Desert, CA 92211	
<b>TITLE</b>	CEO	<input type="checkbox"/> Delete
<b>NAME</b>	Lisanti, Anthony F.	
<b>STREET ADDRESS</b>	315 Maple LN	
<b>CITY-ST-ZIP</b>	Sewickley, PA	
<b>TITLE</b>	D.V.P.	<input type="checkbox"/> Delete
<b>NAME</b>	Spence, Kevin L.	
<b>STREET ADDRESS</b>	40-004 Cook St.	
<b>CITY-ST-ZIP</b>	Palm Desert, CA 92211	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	Stark, Michael	
<b>STREET ADDRESS</b>	5730 Garden Pt. Drive	
<b>CITY-ST-ZIP</b>	Kingwood, TX 77345	
<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	Lucey, John T.	
<b>STREET ADDRESS</b>	212 St. Leonard's LN.	
<b>CITY-ST-ZIP</b>	Cranberry TWP, PA	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **5/8/2000** **262-521-8504**  
 Signature, typed or printed name of signing officer or director **VP.** **Daytime Phone #**

CR2E034 (9/99)