

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2001 8:00 am
Secretary of State**

05-22-2001 90631 049 ***150.00

DOCUMENT # P93 ~~111000~~ 2967

1. Entity Name

Chapala Imports, Inc.

Principal Place of Business

8118 NW 60th Ave.
Ocala, FL 34482

Mailing Address

8118 NW 60th Avenue
Ocala, FL 34482

2. Principal Place of Business

8118 NW 60th Ave

Suite, Apt. #, etc.

3. Mailing Address

8118 NW 60th Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala, FL

4. FEI Number

65-0381605

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ellen C. Knight
8118 NW 60th Ave
Ocala, FL 34482

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> Delete
NAME	Ellen C. Knight	
STREET ADDRESS	8118 NW 60th Ave	
CITY-ST-ZIP	Ocala, FL 34482	

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Lawrence E. Knight	
STREET ADDRESS	8118 NW 60th Ave	
CITY-ST-ZIP	Ocala, FL 34482	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Susan Danvers	
STREET ADDRESS	8118 NW 60th Ave	
CITY-ST-ZIP	Ocala, FL 34482	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Hamilton, JR	
STREET ADDRESS	5596 NW 65th Street	
CITY-ST-ZIP	Ocala, FL 34482	

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

352-840-0075

Daytime Phone #

CR2E034 (11/00)