

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P93000066966**1. Entity Name
CHESTER INVESTMENTS, INC.**FILED**
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90061 018 ***558.75

Principal Place of Business
**2051 SE 35TH STREET
PORT EVERGLADES
FORT LAUDERDALE FL 33316
US**

Mailing Address
**PO BOX 21647
FT LAUDERDALE FL 33335
US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0454568**
Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHESTER, BRITT K
2051 SE 35TH STREET
FORT LAUDERDALE FL 33316**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
CHESTER, JEREMY
2051 SE 35TH ST.-PO BOX 165525
FORT LAUDERDALE FL 33316**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
CHESTER, BRITT K
2051 SE 35TH ST.-PO BOX 165525
FORT LAUDERDALE FL 33316**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

DATE

DATE

DAYTIME PHONE #

CR2E034 (9/01)