

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000078097****1. Entity Name**
CHIEF ENGINES INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90026 006 ***150.00

Principal Place of Business

2241 SW 31ST ST
FT LAUDERDALE FL 33112

Mailing Address

307 SW 12TH AVE
FT LAUDERDALE FL 33312**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0447782**

Applied For

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****HOFSTETTER, THOMAS D**
11900 SW 3 ST
PLANTATION FL 33325

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 State**10. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☐ Delete
NAME **HOFSTETTER, THOMAS D**
STREET ADDRESS **307 SW 12TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KUHNLE, KATHRYN**
STREET ADDRESS **307 SW 12TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**TITLE **V** ☒ Change ☐ Addition
NAME **KATHRYN HOFSTETTER**
STREET ADDRESS **307 SW 12 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Thomas D Hofstetter*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. HOFSTETTER

Date

4-18-01

Daytime Phone #

954 587-3020

CR2E034 (10/00)