

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90156 044 \*\*\*150.00

**DOCUMENT # P93000078097**

1. Entity Name

**CHIEF ENGINES INC.**

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

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

7. Name and Address of New Registered Agent

Name **HOFSTETTER, THOMAS D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**307 SW 12TH AVE**  
 City **FT. LAUDERDALE** FL Zip Code **33312**

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

*Thomas D. Hofstetter*  
 Signature, typed or printed name of registered agent and title if applicable.

**Thomas D. HOFSTETTER**

**4/2/02**  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOFSTETTER, THOMAS D</b>	
STREET ADDRESS	<b>307 SW 12TH AVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HOFSTETTER, KATHRYN</b>	
STREET ADDRESS	<b>307 SW 12TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
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	<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:

*Thomas D. Hofstetter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas D. Hofstetter**  
 DATE

**4/2/02 954-587-3020**  
 Daytime Phone #

CR2EN04 (9/01)