

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90236 041 ***150.00

DOCUMENT # P93000088522

1. Entity Name
CHIASMA, INC.

Principal Place of Business

5930 A1A SOUTH

#7-B

ST. AUGUSTINE FL 32080

Mailing Address

5930 A1A SOUTH

#7-B

ST. AUGUSTINE FL 32080

NEW ADDRESS

2. Principal Place of Business

245 BARRATARIA DR. 245 BARRATARIA DR.

3. Mailing Address

245 BARRATARIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE FLA.

Zip

32080-8512

Country

USA.

Zip

32080-8512

Country

USA.

4. FEI Number

95-4203840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEYSER, TIMOTHY

501 ATLANTIC AVE.

INTERLACHEN FL 32148

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 **P** ☐ Delete
 NAME **MIGLIS, DIANNE**
 STREET ADDRESS **5930 A1A SOUTH, 37B**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **DIANNE MIGLIS**
 STREET ADDRESS **245 BARRATARIA DR.**
 CITY-ST-ZIP **ST. AUGUSTINE, FLA. 32080-8512**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

4/30/02 **904-471-8480**
 Date Daytime Phone #

CR2E034 (9/01)