

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000022505****1. Entity Name**

CHAPMAN UNDERWRITING SERVICES, INC.

Principal Place of Business

8566 W. GULF BLVD.

TREASURE ISLAND
33706

FL

Mailing Address

8566 W. GULF BLVD.

TREASURE ISLAND
33706

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**59-3263878**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE
32301
US

FL

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)

05/15/2000

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33706	<input type="checkbox"/> Delete
		ST JEAN KAREN	8566 WEST GULF BLVD	TREASURE ISLAND	FL	33706	<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33706	<input type="checkbox"/> Delete
		CHAPMAN ROBERT S	8566 W. GULF BLVD.	TREASURE ISLAND	FL	33706	<input type="checkbox"/> Delete

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: Karen St. Jean

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05/15/2000