

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063663

1. Entity Name

CHEVALIER CUSTOM CONSTRUCTION INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90059 016 \*\*\*150.00

Principal Place of Business

Mailing Address

501 HILLSIDE DR.  
AUBURNDALE FL 33823

501 HILLSIDE DR.  
AUBURNDALE FL 33823-9465

2. Principal Place of Business

1190 OLD LAKE ALFRED ROAD

3. Mailing Address

P.O. BOX 1490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

City & State

AUBURNDALE, FL

4. FEI Number

59-3265508

Applied For

Not Applicable

Zip

33823

Country

US

Zip

33823-1490

Country

US

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

CHEVALIER, THOMAS E  
501 HILLSIDE DRIVE  
AUBURNDALE FL 33823

Name

BETH A. CHEVALIER

Street Address (P.O. Box Number is Not Acceptable)

1580 AUBURN OAKS COURT

City

AUBURNDALE

FL

Zip Code

33823

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 BETH ANN CHEVALIER  
Beth Ann Chevalier, V. PRESIDENT

JAN 6, 2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	CHEVALIER, THOMAS E	501 HILLSIDE DRIVE	AUBURNDALE FL 33823	<input type="checkbox"/>
DVS	CHEVALIER, BETH ANN	501 HILLSIDE DRIVE	AUBURNDALE FL 33823	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	CHEVALIER, THOMAS E	1580 AUBURN OAKS COURT	AUBURNDALE, FL 33823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVS	CHEVALIER, BETH ANN	1580 AUBURN OAKS COURT	AUBURNDALE, FL 33823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Beth Ann Chevalier BETH ANN CHEVALIER

JAN 6, 2000

863-968-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #