


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90222 046 ***150.00

DOCUMENT # P94000083517

1. Entity Name
CHIEFLAND REALTY, INC.



Principal Place of Business
**5774 NW COUNTY RD 336
ST 2
CHIEFLAND FL 32626-6820
US**

Mailing Address
**5774 NW COUNTY RD 336
CHIEFLAND FL 35626-6820
US**



2. Principal Place of Business
4231 NW 154 AVE.

3. Mailing Address
4231 NW 154 AVE.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Chiefland FL

City & State
Chiefland FL

Zip
32626

Country
USA

Zip
32626

Country
USA

4. FEI Number **59-3277736**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, MARY V
5774 NW CR 336 4231 NW 154 AVE.
CHIEFLAND FL 32626-6820

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | BYRD, MARY V |
| STREET ADDRESS | 5774 NW CR 336 4231 NW 154 AVE |
| CITY-ST-ZIP | CHIEFLAND FL 32626-6820 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | ST BYRD, ROLLAND C JR. |
| STREET ADDRESS | 5774 NW CR 336 4231 NW 154 AVE |
| CITY-ST-ZIP | CHIEFLAND FL 32626 |
| 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 | |

11. 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 | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary V Byrd **1-7-03 (352) 493-0091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)