

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90002 020 \*\*\*158.75

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**DOCUMENT # P94000088530**

1. Entity Name  
**CHITWOOD TROWEL TRADES OF LEE COUNTY, INC.**

Principal Place of Business <b>1216 SE 9TH TERRACE          CAPE CORAL FL 33990          US</b>	Mailing Address <b>1859 SEAFAN CIR.          N. FT. MYERS FL 33903          US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0540907**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHITWOOD, JAMES R.  
 1859 SEAFAN CIR  
 N. FT. MYERS FL 33903**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHITWOOD, JAMES R</b>	
STREET ADDRESS	<b>1859 SEAFAN CIR.</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SANDRA L. CHITWOOD</b>	
STREET ADDRESS	<b>1859 SEAFAN CIR.</b>	
CITY-ST-ZIP	<b>N. FT. MEYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sandra L. Chitwood 3/20/02 941-772-5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)