

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000018906

1. Entity Name

CHINTZ & CO., INC.

Principal Place of Business

515 NORTH PARK AVE., SUITE 114  
WINTER PARK FL 32789

Mailing Address

515 NORTH PARK AVE., SUITE 114  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  Country

Zip

Country

4. FEI Number

59-3311928

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEE, KATHERINE  
515 NORTH PARK AVE., SUITE 114  
WINTER PARK FL 32789

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GEE, KATHERINE  
1602 ALABAMA DR #304  
WINTER PARK FL 32789

Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:

*Katherine J. Ghee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-740-7224

2-19-02

Date

Daytime Phone #

2002  
05-12-2002  
005 \*\*\*150.00  
112

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90600 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)