

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023936

1. Entity Name

ARLENE CHAPPUIS, P.A.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90075 016 ***150.00

Principal Place of Business

201 SURF SCOOTER DRIVE
 DAYTONA BEACH FL 32119

Mailing Address

201 SURF SCOOTER DRIVE
 DAYTONA BEACH FL 32119-1564

2. Principal Place of Business

1251 PILGRIM PLACE

Suite, Apt. #, etc.

3. Mailing Address

1251 PILGRIM PLACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 DAYTONA BEACH FL

City & State
 DAYTONA BEACH FL

4. FEI Number 59-3315189

Applied For

Not Applicable

Zip 32119

Country USA

Zip 32119

Country USA

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

CHAPPUIS, ARLENE

Name
 CHAPPUIS, ARLENE

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

1251 PILGRIM PLACE

City DAYTONA BEACH

FL

Zip Code 32119

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, 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 PSTD
 NAME CHAPPUIS, ARLENE
 STREET ADDRESS ~~201 SURF SCOOTER DRIVE~~ 1251 Pilgrim Pl
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE
 NAME
 STREET ADDRESS 1251 PILGRIM PLACE
 CITY-ST-ZIP DAYTONA BEACH, FL 32119

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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 Arleene C. Chappuis ARLENE CHAPPUIS 4/29/00 (904) 756-8845
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)