

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2000 90075 016 ***150.00

DOCUMENT # P95000023936

1. Entity Name
ARLENE CHAPPUIS, P.A.

Principal Place of Business 201 SURF SCOOTER DRIVE DAYTONA BEACH FL 32119	Mailing Address 201 SURF SCOOTER DRIVE DAYTONA BEACH FL 32119-1564
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1251 PILGRIM PLACE	3. Mailing Address 1251 PILGRIM PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAYTONA BEACH FL	City & State DAYTONA BEACH FL	4. FEI Number 59-3315189	Applied For <input type="checkbox"/> Not Applicable
Zip 32119	Country USA	Zip 32119	Country USA

6. Name and Address of Current Registered Agent CHAPPUIS, ARLENE 201 SURF SCOOTER DR 1251 Pilgrim Pl. DAYTONA BCH FL 32119	7. Name and Address of New Registered Agent Name CHAPPUIS, ARLENE Street Address (P.O. Box Number is Not Acceptable) 1251 PILGRIM PLACE City DAYTONA BEACH FL Zip Code 32119
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHAPPUIS, ARLENE 201 SURF SCOOTER DRIVE 1251 Pilgrim Pl DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 PILGRIM PLACE DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Arlene 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)