

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90104 040 ***158.75

069439 FP

DOCUMENT # P95000038042

1. Entity Name
CHRIS DAN WORKROOM, INC.



Principal Place of Business
1732 BILTMORE ST
PSL FL 34983
US

Mailing Address
1732 BILTMORE ST
PSL FL 34983
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0581884**

Applied For
Not Applicable

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

BROCHYUS, MILES W
2395 NW BAY COLONY DR *648 SE Pin Oak Terr*
STUART FL 34994 *34997*

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **BROCHYUS, MILES W** *648 SE Pin Oak Terr*
STREET ADDRESS **2395 NORTHWEST BAY COLONY DRIVE**
CITY-ST-ZIP **STUART FL 34994** *34997*

TITLE **D** ☒ Change ☐ Addition
NAME **Brochys, Miles W**
STREET ADDRESS **648 SE Pin Oak Terr**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **D** ☐ Delete
NAME **BROCHYUS, DEBORA A** *648 SE Pin Oak Terr*
STREET ADDRESS **2395 NORTHWEST BAY COLONY DRIVE**
CITY-ST-ZIP **STUART FL 34994** *34997*

TITLE **D** ☒ Change ☐ Addition
NAME **Brochys, Debora A**
STREET ADDRESS **648 SE Pin Oak Terr**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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☐ Change ☐ 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: *Miles Brochys* **43003 772215-8836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)