

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90161 006 \*\*\*150.00

0657148 IN

**DOCUMENT # P95000050991**

1. Entity Name

**CHEDINGTON FLORIDA, INC.**

Principal Place of Business

**2295 BAYVIEW AVENUE  
 TORNATO, ONT., CANADA M4N3K8  
 OC**

Mailing Address

**2295 BAYVIEW AVENUE  
 TORNATO, ONT., CANADA M4N3K8  
 OC**

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

**98-0155484**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, FOSTER, JOHNSTON & STUBBS  
 FLAGLER CENTER, 505 SOUTH FLAGLER DRIVE  
 11TH FLOOR  
 WEST PALM BEACH FL 33401**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **FINGOLD, DAVID**  
 CITY-ST-ZIP **2295 BAYVIEW AVENUE  
 TORNATO, ONT., CANADA M4N3K8**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **FINGOLD, ROSLYN**  
 CITY-ST-ZIP **2295 BAYVIEW AVENUE  
 TORNATO, ONT., CANADA M4N3K8**

TITLE ☐ Change ☐ Addition  
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 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:

**DAVID B. FINGOLD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 27 / 2002 (416) 482-1555**  
 Date Daytime Phone #

CR2E034 (9/01)