

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079079

1. Entity Name

CHET & MIKE'S SHELL STATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90063 017 ***150.00

Principal Place of Business

Mailing Address

1140 MASON AVENUE
DAYTONA BEACH FL 32117

1140 MASON AVENUE
DAYTONA BEACH FL 32117-4635

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 **59-3352305**

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

LAGANA, MICHAEL D
1140 MASON AVENUE
DAYTONA BEACH FL 32117

Name **LORRAINE LAGANA**
Street Address (P.O. Box Number is Not Acceptable)
1140 MASON AVENUE
DAYTONA BEACH
City **FL** Zip Code **32117**

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 *Lorraine Lagana* **LORRAINE LAGANA** **3/13/00**
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------------|---------------------|--|-------|-----------|-----------------|--|
| | C | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | LAGANA, NANCY | 24 SAN CARLOS DRIVE | PALM COAST FL 32137 | | | | |
| | D | | <input type="checkbox"/> Delete | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | LAGANA, LORRAINE | 24 SAN CARLOS DRIVE | PALM COAST FL 32137 | | PRESIDENT | 2 KARANDA COURT | PALM COAST, FL 32164 |
| | VP | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | LAGANA, CHESTER F | 8 RIPPLING PL | PALM COAST FL 32167 | | | | |
| | VP | | <input checked="" type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | LAGANA, MICHAEL D | 5 RIPPLING PL | PALM COAST FL 32164 | | | | |
| | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | | | |
| | | | <input type="checkbox"/> Delete | | | | <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: *Lorraine Lagana* **JOINED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 **904-255-4145**
Date Phone

CR2E034 (9/99)