FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MARCARET A: SUTTON O

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P95000085680 1. Entity Name CHORES GALORE, INC. 02-08-2001 90019 035 \*\*\*150.00 Principal Place of Business Mailing Address 105 YACHT CLUB DR 75 E INDIATIOM RD JUPITER FL 33477 PMB #506-170 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 75 E. TNDIANTOWN RD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0625568 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTTON, MARGARET A Street Address (P.O. Box Number is Not Acceptable) 105 YACHT CLUB DRIVE JUPITER FL 33477 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After-MAY:1=2001=Fee will be \$550:00 --Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition SUTTON, MARGARET A NAME 105 YACHT CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JUPITER FL 33477 CITY-ST-ZIP TITLE. ☐ Delete TITLE ■ Addition ☐ Change MENTZER, JAMES S NAME NAME 105 YACHT CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 507, 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.