

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90139 015 \*\*\*150.00

**DOCUMENT # P96000003486**

**1. Entity Name**  
**NATIONAL CHIMNEY SWEEPS, INC.**



**Principal Place of Business**  
**1429 COLONIAL BLVD**  
**SUITE 203**  
**FORT MYERS FL 33907**

**Mailing Address**  
**1429 COLONIAL BLVD**  
**SUITE 203**  
**FORT MYERS FL 33907**



**2. Principal Place of Business**

*11595 Kelly Rd.*  
*Suite, Apt. #, etc.*  
*112*

**3. Mailing Address**

*11595 Kelly Rd.*  
*Suite, Apt. #, etc.*  
*112*

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
*Ft. Myers, FL*  
**Zip**  
*33908*  
**Country**  
*Lee*

**City & State**  
*Ft. Myers, FL*  
**Zip**  
*33908*  
**Country**  
*Lee*

**4. FEI Number** **65-0644824**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PARNELL, JEFF**  
**1429 COLONIAL BLVD**  
**SUITE 203**  
**FORT MYERS FL 33907**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

*11595 Kelly Rd., Ste 112*

**City** *Ft. Myers, FL*

**FL**

**Zip Code** *33908*

**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**

*Jeff Parnell*  
Signature, typed or printed name of registered agent and title if applicable.

*Jeff Parnell President*

*4/21/03*

(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**

**TITLE** **P** ☐ Delete  
**NAME** **PARNELL, JEFF**  
**STREET ADDRESS** **1429 COLONIAL BLVD., SUITE 203**  
**CITY-ST-ZIP** **FORT MYERS FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
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**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:**

**SIGNATURE REQUIRED**

*Jeff Parnell*

*4/21/03*

*239 117 7708*

Date

Daytime Phone #

CR2E034 (10/02)