

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000005268**

1. Entity Name
CHIEF DEVELOPMENT, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90032 010 ***150.00

Principal Place of Business Mailing Address
6521 W. OSCEOLA CIRCLE
HOLLYWOOD, FLORIDA 33024

A0055241

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0634111** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARK OSCEOLA
6521 W. OSCEOLA CIRCLE
HOLLYWOOD, FLORIDA 33024

7. Name and Address of New Registered Agent

Name

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

City **HOLLYWOOD**

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, 2001 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

TITLE P/S/T/D ☐ Delete
NAME **MARK OSCEOLA**
STREET ADDRESS **6521 W. OSCEOLA CIRCLE**
CITY-STATE-ZIP **HOLLYWOOD, FLORIDA 33024**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-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 of this filing. I am attaching to this filing an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01

CR2E034 (11/00)