

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90176 039 ***150.00

DOCUMENT # P96000006622

1. Entity Name
CHAKAM PRODUCTIONS COMPANY

Principal Place of Business

**3944 PARKWAY BLVD.
 LAND O'LAKES FL 34639**

Mailing Address

**3944 PARKWAY BLVD.
 LAND O'LAKES FL 34639**

00000016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**411 Walnut Street
 Suite, Apt. #, etc.
 1832**

3. Mailing Address

**411 Walnut Street
 Suite, Apt. #, etc.
 1832**

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

4. FEI Number

59-3355456

Applied For

Not Applicable

Zip

32043

Country

Clay

Zip

32043

Country

Clay

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ADAM G
 3944 PARKWAY BLVD.
 LAND O'LAKES FL 34639**

7. Name and Address of New Registered Agent

Name **Adam G. Smith**

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

411 Walnut Street #1832

City **Green Cove Springs FL**

Zip Code **32043**

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 **Adam D. Smith**

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

(NOTE: Registered Agent signature required when reinstating)

15 March 2002

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

TITLE **P** ☐ Delete
 NAME **SMITH, ADAM G**
 STREET ADDRESS **3944 PARKWAY BLVD.**
 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE **V** ☐ Delete
 NAME **ODOM, LORA**
 STREET ADDRESS **3944 PARKWAY BLVD.**
 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE **D** ☒ Delete
 NAME **NEWSOME, KIMBERLY**
 STREET ADDRESS **3944 PARKWAY BLVD.**
 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Smith, Adam G**
 STREET ADDRESS **411 Walnut Street #1832**
 CITY-ST-ZIP **Green Cove Springs FL 32043**

TITLE **Vice-President** ☒ Change ☐ Addition
 NAME **Odom, Lora**
 STREET ADDRESS **411 Walnut Street #1832**
 CITY-ST-ZIP **Green Cove Springs FL 32043**

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

TITLE **Director** ☐ Change ☒ Addition
 NAME **Rory Helgoe-Smith**
 STREET ADDRESS **411 Walnut Street #1832**
 CITY-ST-ZIP **Green Cove Springs, FL 32043**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **Adam D. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 March 2002

Date

813-996-5713

Daytime Phone #

CR2E034 (9/01)