

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90198 035 ***150.00

DOCUMENT # P96000014889

1. Entity Name
CHEVAL REALTY AND DEVELOPMENT COMPANY, INC.



Principal Place of Business

~~2722 W TERRACE DR~~
~~TAMPA FL 33609~~

Mailing Address

~~2722 W TERRACE DR~~
~~TAMPA FL 33609~~

2. Principal Place of Business

4409 W Leona St.
Suite, Apt. #, etc.

3. Mailing Address

4409 W Leona St.
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

59-3372643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STACKPOOLE, JAMES M
4433 AVENUE CANNES
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STACKPOOLE, JAMES M	
STREET ADDRESS	4433 AVENUE CANNES	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	MAYNARD, CHARLES V	
STREET ADDRESS	2722 W. TERRACE DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

Date

813 825-1521

Daytime Phone #

CR2E034 (10/02)