

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000018263**

1. Entity Name

CHAPMAN'S CUSTOM HOMES, INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90064 004 ***150.00

Principal Place of Business

124EAST INTERLAKE BLVD.
LAKE PLACID FL 33852

Mailing Address

481 ROOSEVELT AVE. N.E.
LAK PLACID FL 33852

2. Principal Place of Business

3. Mailing Address

PO Box 399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Placid, FL

Zip

Country

Zip

Country

33852

USA

4. FEI Number

65-0643927

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIELANDER, WILLIAM J
116 E INTERLAKE BLVD
STE 101
LAKE PLACID FL 33852

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CHAPMAN, MICHAEL
STREET ADDRESS 481 ROOSEVELT AVE, NE
CITY-ST-ZIP LAKE PLACID FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME CHAPMAN, PEGGY
STREET ADDRESS 481 ROOSEVELT AVE NE
CITY-ST-ZIP LAKE PLACID FLTITLE Secretary / Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Change ☒ Addition
NAME Ronald A. Chapman
STREET ADDRESS 207 Bay Harbor Drive
CITY-ST-ZIP Lake Placid, FL 33852TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2001

Date

863-465-9185

Daytime Phone #

CR2E034 (10/00)