

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030156

1. Entity Name
CHADWICK ENTERPRISES, INC.

Principal Place of Business
270 SKIFF POINT UNIT A-5
CLEARWATER FL 33767
US

Mailing Address
P.O. BOX 3475
CLEARWATER FL 33767
US

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 12 PM 3: 03



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3375708**

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

7. Name and Address of New Registered Agent

**CHADWICK, LORELIE
270 SKIFF POINT UNIT A-5
CLEARWATER FL 33767**

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 State**

10. 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 ☐ Delete
NAME **D CHADWICK, LORELIE**
STREET ADDRESS **270 SKIFF POINT UNIT A-5**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
NAME **200004494302--3**
STREET ADDRESS **-07/24/01--01089--026**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
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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 *Lorelie J. Chadwick* **LORELIE J. CHADWICK** 6/21/01 (727) 519-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0371466

CR2E034 (10/00)

Atchmas

pg 2 of 2

Chadwick Enterprises, Inc.

P.O. Box 3475

Clearwater, FL 33767

PG6000030182

June 20, 2001

To Whom it May Concern,

It has recently been brought to my attention that my Uniform Business Report was not filed for 2001. I can not believe that I did not file this for 2001. I have always filed this report timely, knowing it is essential for keeping my corporation active. Unfortunately, this year I have suffered quite a few illnesses that have kept me from keeping on top of everything, mainly pneumonia, which kept me in bed for 8 weeks. I am asking for an abatement of penalties due to unforeseen circumstances. I have always filed timely in the past and will continue to do so in the future. Your understanding in this matter is greatly appreciated.

Sincerely,

Lorelie Chadwick, Pres.
Chadwick Enterprises, Inc.