#### FOR PROFIT CORPORATION **FILED UNIFORM BUSINESS REPORT (UBR)** May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P96000032693 Mike Chancey Construction, INC 05-29-2002 93593 020 \*\*\*150.00 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business BRITT BRITT CH NW 2305 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State STUART 4. FEI Number Applied For £ · 066 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE -hancely-constr-Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE BRITT ua rt 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 January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PRESIDENT TITLE NAME MICHAEL & Chancey NAME 05 NW BRITT STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP EASHRER TITLE NAME A CHANCEY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-719 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 on an address, with all other like empowered.

2305 NW BRITT CT STUART, FL 34994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LICEA A. CHAN

I. Entity Name	ENT # <b>P960000</b> ICEY CONSTRUCTION, IN	Attachment		
Principal Place of Business 5 SHORE DRIVE DYNTON BEACH FL 33435		Mailing Address 725 SHORE DRIVE BOYNTON BEACH FL 334	35	- Tracker in C
Principal Place	W BRITT Ct.	3. Mailing Address Same Suite, Apt. #, etc.	7.4	
City & State				DO NOT WRITE IN THIS SPACE
5TUA		City & State		4. FEI Number 65-0664531 Apparation
4994	Martin Martin	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6	. Name and Address of Current R	egistered Agent	NI	7. Name and Address of New Registered Agent
The above name	NEZ		Ci s registered of	itySTUART  ffice or registered agent, or both, in the State of Florida
Signa	ture, typed or printed name of Argistered agent and	title il applicable. (NOT	E Registered Agen	nt signature required when reinstating). (2-3)
This corporatio Tax filing requir (See criteria on		After MAY 1, 20 Make Check Payal	!!! FEE IS \$ 001 Fee will I ble to Depart	be \$550.00 \$5.00 May Be
.ε Р	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AT
ME CH.	ANCEY, MICHAEL E S SHORE DRIVE YNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ACH) CITY-ST-ZH	
E AE EET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADD: CITY-ST-ZIF	
E NE EET ADDRESS '- ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	DRESS
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E EET ADDRESS - ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. Huntier centry the red 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 arrange of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Baser 11 accurately the chapter forms and the same power of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Baser 11 accurately the chapter forms and the same power of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Baser 11 accurately the corporation of the corporation of

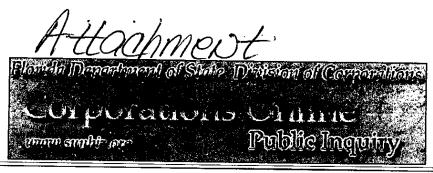
STREET ADDRESS CITY-ST-ZIP

**GNATURE:** 

ET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 561.692.9124



### Florida Profit

### MIKE CHANCEY CONSTRUCTION, INC.

# PRINCIPAL ADDRESS 2305 NW BRITT CT —STUART-FL-34994— Changed 04/16/2001

### MAILING ADDRESS 725 SHORE DRIVE BOYNTON BEACH FL 33435



FEI Number 650664531

Status ACTIVE **Date Filed** 04/11/1996

Effective Date NONE

## Registered Agent

Jan. 197		_	 			
	Name & Address		 			$\neg$
	CHANCEY, MICHAEL E 2305 NW BRITT CT STUART FL 34994	*			<del></del>	
	Address Changed: 04/16/2001	-	 			=
				~		

### Officer/Director Detail

Name & Address	Title		
CHANCEY, MICHAEL E 2305 NW BRITT CT	P		
STUART FL 34994	1		
CHANCEY, PATRICIA A 2305 NW BRITT CT	т		
STUART FL 34994			