

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90157 042 ***150.00

DOCUMENT # P96000033924

1. Entity Name
CHALEDAX, INC.

Principal Place of Business
**1330 BUCKINGHAM RD
 WINTER PARK FL 32789**

Mailing Address
**PO BOX 711
 WINTER PARK FL 32790
 US**

80049009



DO NOT WRITE IN THIS SPACE

CW
**7310 Westpointe Blvd,
 # 623
 Orlando, FL**

3. Mailing Address
P.O. BOX 1032

Suite, Apt. #, etc.

City & State
WINDERMERE, FL

4. FEI Number
59-3411183

Applied For
 Not Applicable

34734 Country **USA**

34786 Country **USA**

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

6. Name and Address of Current Registered Agent

**WOOD, CHRISTOPHER
 1330 BUCKINGHAM RD
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **(Same)**
 Street Address (P.O. Box Number is Not Acceptable)
**7310 Westpointe Blvd,
 # 623**
 City **ORLANDO** *CR* **FL** **32835**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	WOOD, CHRISTOPHER	1330 BUCKINGHAM RD	WINTER PARK FL 32789	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	WOOD, CHRISTOPHER	7310 Westpointe Blvd, # 623	ORLANDO, FL 32835	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER WOOD **1-15-02** **435 4444**

and 3-11-02 **(407)** **435 4444**
 Daytime Phone #

CR2E034 (9/01)