

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0669614 AV

**DOCUMENT # P96000063827**

1. Entity Name

**H.L. CHAPMAN & ASSOCIATES, INCORPORATED**

Principal Place of Business

**2005 SW OXBOW WAY  
 PALM CITY FL 34990**

Mailing Address

**2005 SW OXBOW WAY  
 PALM CITY FL 34990**

2. Principal Place of Business

**1681 SE St. Lucie Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**1681 SE St. Lucie Blvd**

Suite, Apt. #, etc.

City & State

**Stuart FL**

City & State

**Stuart FL**

4. FEI Number

**65-0688157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, H. LEE III  
 2005 SW OXBOW WAY  
 PALM CITY FL 34990**

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.

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, 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPMAN, HERBERT L JR</b>	
STREET ADDRESS	<b>2005 SW OXBOW WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPMAN, KATHERINE C</b>	
STREET ADDRESS	<b>2005 SW OXBOW WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*H. Lee Chapman*  
**H. Lee Chapman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/02 561-287-2439**  
 Date Daytime Phone #

CR2E034 (9/01)