2001 UNIFORM BUSINESS REPORT (UBR)

Jun 25, 2001 8:00 am **Secretary of State** DOCUMENT # P97000001703 1. Entity Name 05-16-2001 90211 008 ***150 00 CHITOWN ENTERPRISES, INC. Principal Place of Business Mailing Address 227 AIRPORT ROAD SOUTH 227 AIRPORT ROAD SOUTH NAPLES FL 34104 NAPLES FL 34104 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0785449 Not Applicable Zip , Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOERLICH, BONNIE Street Address (P.O. Box Number is Not Acceptable) 227 S AIRPORT ROAD NAPLES FL 34104 Zip Code 3 3467 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. MUMA red agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) **PSD** ☐ Change ☐ Addition TITLE TITLE ☐ Deleta. JOCHUM, PAUL NAME NAME 4241 LAKE WONTH ROAD 227 AIRPORT ROAD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34104 TITLE ☐ Delete TITLE GOERLICH, BONNIE JOCHUM, PANL MAME NAME STREET ADDRESS 227 AIRPORT ROAD SOUTH STREET ADDRESS 4241 LARE WORTH ROMO CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP 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 eath; 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.

CONT OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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