

DOCUMENT # P97000006150

1. Entity Name
CHICAGO INVESTMENT GROUP, INC.

Principal Place of Business

3811 ENTERPRISE AVE
BAY A
NAPLES FL 34104
US

Mailing Address

3811 ENTERPRISE AVE
BAY A
NAPLES FL 34104
US

2. Principal Place of Business

3811 ENTERPRISE AVE.
Suite, Apt. #, etc.

3. Mailing Address

3811 ENTERPRISE AVE.
Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number 59-3423967

Applied For

Not Applicable

Zip

34104

Country

U.S.

Zip

34104

Country

U.S.

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

6. Name and Address of Current Registered Agent

SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

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, 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

TITLE P
NAME HARRISON, MILO
STREET ADDRESS 817 WYNDEMERE WAY
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE VP
NAME ABLEIPINGER, ROBERT
STREET ADDRESS 4529 CHEVAL BLVD
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE VP
NAME KINDLON, JOSEPH
STREET ADDRESS 2 S 220 HAWTHORNE LANE
CITY-ST-ZIP WHEATON IL 60187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Milo D. Harrison MILO D. HARRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

JAN. 3, 01 941-263-1087
Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90042 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)