2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027804

1. Entity Name

JOHN M. CHAFFEE, INC.



FILED Aug 16, 2000 8:00 am Secretary of State

08-16-2000 90006 009 ***150.00

Principal Place of Business Mailing Address 241 S.E. WHITMORE DRIVE 241 S.E. WHITMORE DRIVE PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 MULTUGOUM 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0407047 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAFFEE, JOHN M Street Address (P.O. Box Number is Not Acceptable) 241 S.E. WHITMORE DRIVE PORT ST. LUCIE FL 34984 Zip Code Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. (2/00)TITLE ☐ Change Addition TITLE ☐ Delete CHAFFEE, JOHN M NAME CR2E034 STREET ADDRESS 241 SE WHITMIRE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

1/00 361-286-635 Daytime Phone #

attachment # P970000 27804 B0104542

Date: 8/2/00

To: Florida Department of State Division of Corporations

From: John M. Chaffee Inc. 65-0407047

Re: 2000 Uniform Business Report Filing

To Whom It May Concern:

I am sending you the 2000 report filing form along with a check for \$150. I did not receive the original form earlier in the year as I have in the past. I have always paid this on time in the past when I have filed my income tax return. Had I received it earlier, it would have been paid on time. Please accept my payment as payment in full for this calendar year. I have consistently paid this promptly. Thank you for your consideration.

Sincerely,

John M. Chaffee

/President