FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Secretary of State
04-09-2002 90736 002 ***150.00

B0061849

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1. Entity Name

CHAHOBE Investment Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
246 SE 9th Terrace	246 SE 9th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33990 Country: USA	Zip: 33990 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0757231 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Horst F. Staendeke

Street Address (P.O. Box Number is Not Acceptable): 246 SE 9th Terrace

City: Cape Coral FL Zip Code: 33990

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] Horst F. Staendeke, President 03-27-2002

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Horst F. Staendeke
STREET ADDRESS	246 SE 9th Terrace
CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	Vice-President
NAME	Charlotte A. Staendeke
STREET ADDRESS	246 SE 9th Terrace
CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	Secretary
NAME	Horst F. Staendeke
STREET ADDRESS	246 SE 9th Terrace
CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Horst F. Staendeke 03-27-2002 (239)772-9631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #