

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90018 025 ***150.00

DOCUMENT # P97000037896

1. Entity Name
C.R. CHICKS STUART, INC.



Principal Place of Business
**153 SW MONTEREY RD
SUITE 4A
STUART FL 34994
US**

Mailing Address
**835 13TH STREET
WEST PALM BEACH FL 33403**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0775497**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALLEN, CHRISTOPHER R
2000 AVENUE P
SUITE 4A
RIVIERA BEACH FL 33404**

Name
SALLEN, CHRISTOPHER R.
Street Address (P.O. Box Number is Not Acceptable)
1629 S. LAKESIDE DR
City **LAKE WORTH, FL** Zip Code **33460**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

CHRIS SALLEN

1-4-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVIS, RICHARD**
STREET ADDRESS **323 EAGLETON GOLF DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33417**

TITLE **P** ☒ Change ☐ Addition
NAME **DAVIS, RICHARD**
STREET ADDRESS **506 CORSAIR DR**
CITY-ST-ZIP **N. PALM BCH., FLA 33408**

TITLE **S** ☐ Delete
NAME **SALLEN, CHRISTOPHER-**
STREET ADDRESS **1629 S LAKESIDE DR**
CITY-ST-ZIP **LAKEWORTH FL 33460**

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

TITLE **T** ☐ Delete
NAME **GROVER, ROBERT**
STREET ADDRESS **390 NORFORK AVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRIS SALLEN

1-4-03

561-842-4593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)