

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90086 040 \*\*\*150.00

DOCUMENT # P97000038075

1. Entity Name :  
**CHIPPER PROPERTIES INCORPORATED**

Principal Place of Business 835 SO. OSPREY AVENUE. #105- SUITE 212 SARASOTA FL 34236 US	Mailing Address 835 SO. OSPREY AVENUE. #105- SUITE 212 SARASOTA FL 34236-7837 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>835 SO. OSPREY AVE.</b>	3. Mailing Address <b>835 SO. OSPREY AVE.</b>
Suite, Apt. #, etc. <b>212</b>	Suite, Apt. #, etc. <b>212</b>
City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34236</b> Country <b>USA</b>	Zip <b>34236</b> Country <b>USA</b>

4. FEI Number <b>65-0764238</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SHEA, JOHN**  
**630 SOUTH ORANGE AVENUE**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYANS, ROSS A</b>	
STREET ADDRESS	<b>835 SO. OSPREY AVENUE, #212</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EARNHARDT, MARK</b>	
STREET ADDRESS	<b>835 SO. OSPREY AVENUE, #303</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EARNHARDT, JANET</b>	
STREET ADDRESS	<b>835 SO. OSPREY AVENUE, #303</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EARNHARDT, MARK</b>	
STREET ADDRESS	<b>14308 Spyglass Ridge Drive</b>	
CITY-ST-ZIP	<b>Chesterfield, MO 63017</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EARNHARDT, JANET</b>	
STREET ADDRESS	<b>14308 Spyglass Ridge Drive</b>	
CITY-ST-ZIP	<b>Chesterfield, MO 63017</b>	

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: \_\_\_\_\_ Date: **2-21-00** Daytime Phone #: **(941) 955 6835**

CR2E034 (9/99)