

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 041 ***150.00

DOCUMENT # P97000038075

1. Entity Name

CHIPPER PROPERTIES INCORPORATED

Principal Place of Business

835 S OSPREY AVE
 SUITE 212
 SARASOTA FL 34236
 US

Mailing Address

835 S OSPREY AVE
 SUITE 212
 SARASOTA FL 34236
 US

2. Principal Place of Business

3876 TORREY PINES BLVD

3. Mailing Address

3876 TORREY PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34238

Country

USA

Zip

34238

Country

USA

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

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 **D** ☐ Delete
 NAME **BRYANS, ROSS A**
 STREET ADDRESS **835 SO. OSPREY AVENUE, #212**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Delete
 NAME **EARNHARDT, MARK**
 STREET ADDRESS **14308 SPYGLASS RIDGE DRIVE**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **D** ☒ Delete
 NAME **EARNHARDT, JANET**
 STREET ADDRESS **14308 SPYGLASS RIDGE DRIVE**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BRYANS, ROSS**
 STREET ADDRESS **3876 TORREY PINES BLVD**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

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

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **GIRARD, DENNIS**
 STREET ADDRESS **3864 TORREY PINES BLVD**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ELIZABETH S. MUSTARD C/O**
 STREET ADDRESS **835 South Osprey Ave #209**
 CITY-ST-ZIP **Sarasota FL 34236**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01 (941) 809-0034

Date

Daytime Phone #

CR2E034 (10/00)