

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90118 050 ***150.00

DOCUMENT # P97000049573

1. Entity Name
CHATEK CORP.

Principal Place of Business
6067 SABAL CROSSING COURT
PORT ORANGE FL 32124

Mailing Address
6067 SABAL CROSSING COURT
PORT ORANGE FL 32124

2. Principal Place of Business
2545 S. ATLANTIC AV

3. Mailing Address

Suite, Apt. # etc.
1603

Suite, Apt. # etc.

SAME

City & State
DAYTONA BCH SHRS

City & State

4. FEI Number **59-3451701**

Applied For
 Not Applicable

Zip
32118

Country
VULUSIA

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

CHARRETTE, JACK
6067 SABAL CROSSING COURT
PORT ORANGE FL 32124

Name

Street Address (P.O. Box Number is Not Acceptable)

2545 S. ATLANTIC AV, #1603

City

DAYTONA BCH SHRS FL

Zip Code

32118

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

4/18/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
CHARRETTE, JOHN P (JACK)
 STREET ADDRESS **6067 SABAL CROSSING CT**
 CITY-ST-ZIP **2545 S. ATLANTIC AV, #1603**
PORT ORANGE FL 32124

TITLE Change Addition
 NAME **CHARRETTE, JOHN P. (JACK)**
~~NAME **SAE #1603**~~
 STREET ADDRESS **2545 S. ATLANTIC AV, #1603**
 CITY-ST-ZIP **DAYTONA BCH SHRS FL 32118**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 another like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 **386-322-3850**
 Date Daytime Phone #

CR2E034 (9/01)