

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

SAME

Suite, Apt. # etc.

1603

Suite, Apt. # etc.

City & State

DAYTONA BCH SHRS

City & State

Zip

32118

Country

FLORIDA

Zip

Country

4. FEI Number

59-3451701

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARRETTE, JACK
 6067 SABAL CROSSING COURT
 PORT ORANGE FL 32124

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CHARRETTE, JOHN P (JACK)	
STREET ADDRESS	6067 SABAL CROSSING CT 2545 S. ATLANTIC AV	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARRETTE, JOHN P. (JACK)	
STREET ADDRESS	2545 S. ATLANTIC AV, #1603	
CITY-ST-ZIP	DAYTONA BCH SHRS FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/18/02

Daytime Phone #

386-322-3850

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE