

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 046 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000059205

1. Entity Name
CHEVAL PROPERTIES, INC.



90104305

Principal Place of Business
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

Mailing Address
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0766748

Applied For
☐ Not Applicable

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

CASE, ELLIOTT
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

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

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE



9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASE, JEAN A
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CASE, ELLIOTT
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CASE, ELLIOTT
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

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CITY-ST-ZIP

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CASE, ELLIOTT
6601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405

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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), 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:

Elliott Case **ELLIOTT Case**

4.9.03

561.540.8029

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Office Phone #

CR20034 (10/02)