

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91417 006 \*\*\*150.00

0098969 AV

**DOCUMENT # P97000063027**

1. Entity Name  
**MICHAEL CHESANEK CONSTRUCTION, INC.**



Principal Place of Business  
~~565 WHITTINGHAM PLACE~~  
~~LAKE MARY FL 32746~~

Mailing Address  
~~P.O. BOX 951298~~  
~~LAKE MARY FL 32705-1298~~

2. Principal Place of Business

3. Mailing Address

**1450 OLD MINNIE RD P.O. Box 622343**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GENOA FL.**

City & State

**OVIEDO FL.**

Zip

**32732**

Country

Zip

**32726**

Country

4. FEI Number

**59-3469327**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RALEY, PATRICK A**  
**180 S. KNOWLES AVE., SUITE 7**  
**WINTER PARK FL 32789**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D CHESANEK, MICHAEL**  
STREET ADDRESS **565 WHITTINGHAM PLACE**  
CITY-ST-ZIP **LAKE MARY FL 32746** **D. BOWE**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Michael Chesnek**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/03**

Date

Daytime Phone #

CR2E034 (10/02)