

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90129 020 ***150.00

DOCUMENT # **P97000091874**

Entity Name
CHROME EXPRESS, INC.

Principal Place of Business
34736 MISSIONARY ROAD
DADE CITY FL 33525

Mailing Address
% P.O. BOX 1327
DADE CITY FL 33526-1327



DO NOT WRITE IN THIS SPACE

Principal Place of Business
15515 US Hwy 301

Suite, Apt. #, etc.

City & State
Dade City FL

Zip
33523

Country
USA

4. FEI Number
59-3477869

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSAY, KENNETH W JR.
34736 MISSIONARY ROAD
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

OFFICERS AND DIRECTORS

NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSAY, KENNETH WAYNE JR. 34736 MISSIONARY ROAD DADE CITY FL 33525	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	V CESARSKI, DONNA L 34736 MISSIONARY RD DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	ST LINDSAY, MICHELE C 31041 LAKESIDE LN DADE CITY FL 33523	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. KENNETH W. LINDSAY SR. 337505 Skyridge Circle DADE CITY, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LINDSAY, MICHELE 13340 US HWY 301 DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-22-2002** Daytime Phone # **567-5839**

CR2E034(9/01)