

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092527

1. Entity Name

CHEVAL ASSETS GROUP, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90027 020 \*\*\*150.00

Principal Place of Business	Mailing Address
490 ROCKLEY BLVD. VENICE FL 34293	490 ROCKLEY BLVD. VENICE FL 34293-4300

2. Principal Place of Business 1343 MAIN STREET Suite, Apt. #, etc. Suite 302 City & State SARASOTA, FL Zip 34236 Country U.S.	3. Mailing Address 1343 MAIN STREET Suite, Apt. #, etc. Suite 302 City & State SARASOTA, FL Zip 34236 Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, THOMAS 490 ROCKLEY BLVD VENICE FL 34293	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1343 MAIN STREET Suite 302 City SARASOTA FL Zip Code 34236
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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.

SIGNATURE Thomas E. Brown DATE 4/21/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BROWN, THOMAS 490 ROCKLEY BLVD VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1343 MAIN STREET Suite 302 SARASOTA, FL 34236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Thomas E. Brown DATE 4/21/00 DAYTIME PHONE # (941) 365-7334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR