

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90070 046 ***150.00

DOCUMENT # P98000017488

1. Entity Name
CHINELLI CUSTOM HOMES, INC.

Principal Place of Business

~~181 S US HWY 17-92~~
~~DEBARY FL 32713~~ →

Mailing Address

156 S. US HWY 17-92
 SUITE 1
 DEBARY FL 32713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

156 S. US Hwy 17-92

Suite, Apt. #, etc.

Unit # 1

City & State

DeBary FL

Zip

32713

Country

USA

3. Mailing Address

156 S. US Hwy 17-92

Suite, Apt. #, etc.

Unit # 1

City & State

DeBary FL

Zip

32713

Country

USA

4. FEI Number

59-3501748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

- 6. Name and Address of Current Registered Agent -

CHINELLI, MICHAEL J
 181 S US HWY 17-92
 DEBARY FL 32713

7. Name and Address of New Registered Agent

Name: Michael J. Chinelli

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

156 S. US Hwy 17-92

Unit # 1

City

DeBary

FL

Zip Code

32713

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

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

Michael J. Chinelli / President

DATE

4/1/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHINELLI, MICHAEL J 181 S US HWY 17-92 DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE 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	PRESIDENT Michael J. Chinelli 156 S. US Hwy 17-92, Unit # 1 DeBary, FL 32713	<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
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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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Chinelli

Date

4/1/02 (386-668-0092)

Daytime Phone #

CR2E034 (9/01)