FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 16, 2000 8:00 am Secretary of State DOCUMENT # P98000019723 SUSAN S. CHAFFEE, INC. 08-16-2000 90006 007 ***150.00 Principal Place of Business Mailing Address 241 SE WHITMORE DR. 241 SE WHITMORE DR. PT. ST. LUCIE FL 34984 PT. ST. LUCIE FL 34984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0832130 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAFFEE, SUSAN S Street Address (P.O. Box Number is Not Acceptable) 241 SE WHITMORE DR. PT. ST. LUCIE FL 34984 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition CHAFFEE, SUSAN NAME NAME STREET ADDRESS 241 SE WHITMORE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34984 ππε ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: 🤇

CITY-ST-ZIP

attach ment P980000 19723 BUIO4594

Date: 8/2/00

To: Florida Department of State Division of Corporations

From: Susan S. Chaffee Inc. 65-0832130

Re: 2000 Uniform Business Report Filing

To Whom It May Concern:

I am sending you the 2000 report filing form along with a check for \$150. I did not receive the original form earlier in the year as I have in the past. I have always paid this on time in the past when I have filed my income tax return. Had I received it earlier, it would have been paid on time. Please accept my payment as payment in full for this calendar year. I have consistently paid this promptly. Thank you for your consideration.

Sincerely,

Susan S. Chaffee

President