

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90155 019 ***150.00

DOCUMENT # P98000039507

1. Entity Name
CHAUNCEY BELSER, INC.



Principal Place of Business
**1328 NORTH RAILROAD AVENUE
CHIPLEY FL 32428**

Mailing Address
**1328 NORTH RAILROAD AVENUE
CHIPLEY FL 32428**

2. Principal Place of Business
877 THIRD ST.

3. Mailing Address
877 THIRD ST.

Suite, Apt. #, etc.
STE. 1

Suite, Apt. #, etc.
STE. 1

City & State
CHIPLEY FL

City & State
CHIPLEY FL

Zip Country
32428 USA

Zip Country
32428 USA

4. FEI Number **59-3507628**

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

**BELSER, CHAUNCEY
1328 NORTH RAILROAD AVENUE
CHIPLEY FL 32428**

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. BELSER, CHAUNCEY**
STREET ADDRESS **1328 NORTH RAILROAD AVENUE**
CITY-ST-ZIP **CHIPLEY FL 32428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: SIGNATURE OF CHAUNCEY BELSER 4-15-03 638 8447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)