

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000041034**1. Entity Name
CHELLE', INC.

FILED

02 AUG -5 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
10011 KENDA DR.
RIVERVIEW FL 33569Mailing Address
10011 KENDA DR.
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

11011 HWY 41 South PO. 253
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gibsonton FLCity & State
Gibsonton FL

4. FEI Number 59-3536994

Applied For
Not Applicable

Zip 33534 Country U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, PAMELA S
10011 KENDA DR.
RIVERVIEW FL 33569Name Donald W. Day
Street Address (P.O. Box Number is Not Acceptable)
4935 RIVER DRIVE
City Gibsonton FL Zip Code 33534

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 Pamela S. Brown Pamela S. Brown 7-2-02
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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VTD	BROWN, PAMELA S	10011 KENDA DR.	RIVERVIEW FL 33569				
	DAY, DONALD W	10011 KENDA DR.	RIVERVIEW FL 33569				
	PENNINGTON, PAMELA M	10011 KENDA DR.	RIVERVIEW FL 33569				

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

7-2-02 813-230-0894

Date Daytime Phone #

CR2E034 (4/02)