

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90073 048 ***150.00

DOCUMENT # P98000041060

1. Entity Name

M.L. CHINDAMO & ASSOCIATES, INC.

Principal Place of Business

**360 W HORNBEAN DRIVE
 LONGWOOD FL 32779**

Mailing Address

**360 W HORNBEAN DRIVE
 LONGWOOD FL 32779**

2. Principal Place of Business

2917 W. SR 434

3. Mailing Address

200 MEADOW LANE

Suite, Apt. #, etc.

Suite 141

Suite, Apt. #, etc.

Longwood

City & State

Longwood FL

City & State

Longwood FL.

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

59-3513088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHINDAMO, MICHAEL L
 360 W HORNBEAN DRIVE
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **MICHAEL CHINDAMO, MICHAEL L**

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

200 MEADOW LANE

City

LONGWOOD

FL

Zip Code

32779

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 **MICHAEL L. CHINDAMO** **MES.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 **P** ☐ Delete
 NAME **CHINDAMO, MICHAEL L**
 STREET ADDRESS **360 W HORNBEAN DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **CHINDAMO, MICHAEL L**
 STREET ADDRESS **200 MEADOW LANE**
 CITY-ST-ZIP **LONGWOOD FL. 32779**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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: **MICHAEL L. CHINDAMO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 **407-834**
6262
 Date Daytime Phone #

CR2E034 (9/01)