***2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

4 4-10- A statement

P98000043765 DOCUMENT

1. Entity Name

CHICO-DEE ENTERPRISES INC



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90094 039 ***150.00

Principal Place of Business				Mailing Address				- - ·				
15 BLACKJACK				15 BLACKJACK CIRCLE								
PORT ORANGE FL 32124				PORT ORANGE FL 32124								
2. Principal Pl	lace of Busin	ness	3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
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City & State			City	City & State			4.	FEI Number 59-3511467	<u> </u>	pplied For ot Applicable	1	
				7:-					•			1
Zip Country			Zip	Zip		Country		5. Certificate of Status Desired				
 	6 Name	and Address of Curren	t Register	ed Agent		1	7.	Name and Address of New Register	ed Ag	ent		1
	O. Name	and Address of Current	t negrator	ed Agent		Name						1
CHILORO CEODOE					1							
CHUSKO, GEORGE				S			Street Address (P.O. Box Number is Not Acceptable)					
15 BLACK				·			The second secon					
PORT ORANGE FL 32124												
		•				City			FL	Zip Code	е	
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the obligation	named enu ions of redis	ty submits this statement. tered agent.	ioi the purp	Jose of Changing its	register	ea omee or regist	CICCI DE	gorit, or both, in the clase or remain				
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SIGNATURE:		d or printed name of registered ager	t and title if an	plicable (NOTE	F. Registere	d Agent signature requir	ed when r	reinstating) DA	≥<` ∖TÉ	<u> </u>		ì
	· · ·		r and the rep	T	-							1
		!! FEE IS \$150.00						9. Election Campaign Financing		\$5.0	0 May Be	
		03 Fee will be \$550.00				~		Trust Fund Contribution.			d to Fees	
	Payable t	o Florida Department						DITIONS (C) LANGES TO OFFICERS	AND	IDECTOR	C INI 11	┨
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CITY-ST-ZIP	PORT OR	ANGE FL 32124		r						Change	Addition	4 5
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CITY-ST-ZIP						r-ST-ZIP						1
12. I hereby	certify that th	ne information supplied w	ith this filing	g does not qualify fo	r the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I furthe	r certif	y that the i	information	
indicated of the cor	l on this reportion or	ort or supplemental report the receiver or trustee em	is true and powered to	d accurate and that i b execute this report	my signa : as requ			e legal effect as if made under oath; the rida Statutes; and that my name appe				
changed	, or on an at	tachment with an address	, with all of	ther like empowered	_]

SIGNATURE: