

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045267

1. Entity Name

CHEVAL UTILITIES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90028 009 \*\*\*150.00

Principal Place of Business

Mailing Address

3939 CHEVAL BLVD  
 LUTZ FL 33545

3939 CHEVAL BLVD  
 LUTZ FL 33549-5320

2. Principal Place of Business

2722 W. Terrace Dr.

3. Mailing Address

2722 W. Terrace Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLA

City & State

TAMPA FLA

4. FEI Number

65-0837841

Applied For

Not Applicable

Zip

Country

33609 HILLSBOROUGH

Zip

Country

33609 HILLSBOROUGH

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

TUANER, ZED M  
 3265 TARPAN WOODS BLVD  
 PALM HARBOR FL 34685

Name

Zed M. Turner

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

3285 Tarpon Woods Blvd

City

Palm Harbor

FL

Zip Code

34685

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/10/00  
 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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input type="checkbox"/> Delete
NAME	MAYNARD, CHARLES V	
STREET ADDRESS	3308 W SAN UNICHOLAS	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	STACKPOOLE, JAMES M	
STREET ADDRESS	4433 AVENUE CANNES	
CITY-ST-ZIP	LUTZ FL 33545	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES M. STACKPOOLE 1-6-00 813 875-1521

CR2E034 (9/99)