

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91316 030 ***150.00

DOCUMENT # P98000047276

1. Entity Name
M. CHEELEY, INC.

Principal Place of Business

Mailing Address

**315 S.W. 7TH ST.
FT. LAUDERDALE FL 33315**

**315 S.W. 7TH ST.
FT. LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

**315 SW 7TH ST
Suite, Apt. #, etc.
FT. LAUDERDALE FL**

**354 BAYSINGER AVE
Suite, Apt. #, etc.**

City & State

City & State
FORT PIERCE FL

4. FEI Number **65-0839582**

Applied For
Not Applicable

Zip
33315

Country
USA

Zip
34982

Country
USA

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

**BLUMSTEIN, MARK I
33 N.E. 2ND STREET, SUITE 101
FT. LAUDERDALE FL 33301**

Name
MARK CHEELEY INC

Street Address (P.O. Box Number is Not Acceptable)
315 SW 7TH AVE

City
FT. LAUDERDALE FL Zip Code
33315

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, 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 \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHEELEY, MARK 354 BAYSINGER AVENUE FORT PIERCE FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01 561-466-4033

CR2E034 (10/00)