

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91536 032 ***150.00

DOCUMENT # P98000061667

1. Entity Name
M.D. CHAPMAN, INC.

Principal Place of Business

**500 STUART AVE
STUART FL 34994**

Mailing Address

**500 STUART AVE
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

12813 PECONIC CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WELLINGTON, FL

Zip

Country

Zip

Country

33414 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0849760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAPMAN, MARY D
12813 PECONIC CT.
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, APRIL	
STREET ADDRESS	1632 SHAKER CIR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CHAPMAN, MARY D	
STREET ADDRESS	12813 PECONIC CT.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEARSON, MISTY	
STREET ADDRESS	12534 WEST HAMPTON	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De-facto Phone #

4-30-02 (561) 798-4089

CR2E034 (9/01)