

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 030 ***180.00

DOCUMENT # P98000067232

1. Entity Name
CHUMMY INC.

Principal Place of Business
**3701 ISLAND DR.
 MIRAMAR FL 33023**

Mailing Address
**P.O. BOX 83-4864
 HOLLYWOOD FL 33083-4864**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0858803**

Applied For
 Not Applicable

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

**HYATT, LENWORTH A
 7964 ORLEANS ST.
 MIRAMAR FL 33023**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **CEO** ☐ Delete
 NAME **HYATT, LENWORTH A**
 STREET ADDRESS **8701 ISLAND DR.**
 CITY-ST-ZIP **HOLLYWOOD FL 33083-4864**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09.11.00 954-438-6070
 Date Daytime Phone #

CR2E034 (5/00)

Attachment
P98000067232
P0577671

September 11, 2000

Chummy Inc.
P.O. Box 83-4864
Hollywood FL 33083


Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/ Madam,

I did not received my first notice. It was probably lost in the mail, or there was an over sight on the mailing of this document. I was however prepared to pay the late fee charges, but due to some emergency I am unable to meet this deadline.

I am determine to maintain the registration of this corporation, even though I am not conducting any business. As I await a trademark on this name, I wish to protect this name by maintaining incorporation. If have to pay this late fee charges, I would like an extension of time.

Sincerely,



Lenworth A. Hyatt