

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000069459**

1. Entity Name

CHELTIM, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90211 033 ***150.00

Principal Place of Business

~~14998 INDIAN ROCKS ROAD~~
~~LARGO FL 34644~~

Mailing Address

2834 EAGLE RUN CIRCLE
CLEARWATER FL 33760

2. Principal Place of Business

2834 EAGLE RUN CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLEARWATER FL

City & State

City & State

4. FEI Number **59-3526529**Applied For
Not Applicable

Zip

Country

33760**PINELLAS**

Zip

Country

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

GARDNER, JOHN C
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PT CHAPMAN, CHONG H 2834 EAGLE RUN CIRCLE CLEARWATER FL 33760	<input type="checkbox"/>		<input type="checkbox"/>
VS CHAPMAN, TERRY W 2834 EAGLE RUN CIRCLE CLEARWATER FL 33760	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *Terry W. Chapman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry W. Chapman

4/18/01 727.585.9271

Date Daytime Phone #

CR2E034 (10/00)