

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90175 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000075514**

1. Entity Name  
**CHEECORP, INC.**

Principal Place of Business <b>6863 SATINLEAF RD. SOUTH</b> <b>#101</b> <b>NAPLES FL 34109</b>	Mailing Address <b>6863 SATINLEAF RD. SOUTH</b> <b>#101</b> <b>NAPLES FL 34109</b>
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2. Principal Place of Business <b>9853 N. Tamiami Tr.</b> Suite, Apt. #, etc. <b>109</b>	3. Mailing Address <b>9853 N. Tamiami Tr.</b> Suite, Apt. #, etc. <b>109</b>
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City & State <b>Naples Florida</b>	City & State <b>Naples Florida</b>
Zip <b>34108</b>	Zip <b>34108</b>
Country <b>U.S.A</b>	Country <b>USA</b>

4. FEI Number <b>59-3530531</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**DIETRICH, DANIEL**  
**6863 SATINLEAF RD. SOUTH**  
**#101**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **Shawn M. Teeters**  
 Street Address (P.O. Box Number is Not Acceptable)  
**785 23rd St S.W.**  
 City **Naples** FL Zip Code **34117**

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 *Shawn M. Teeters* **Shawn M. Teeters** **4-20-02**  
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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIETRICH, DANIEL W</b> <b>6863 SATINLEAF RD. SOUTH</b> <b>NAPLES FL 34109</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shawn M. Teeters</b> <b>President</b> <b>785-23rd St S.W</b> <b>Naples FL 34117</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Shawn M. Teeters* **Shawn M. Teeters** **4-20-02** **(941) 398-8448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)