

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0077503

02-01-2001 90106 050 ***150.00

DOCUMENT # P98000089259
 1. Entity Name
CHILTON ENTERPRISES, INC.

Principal Place of Business Mailing Address
58 SW IRWIN ST. WEST MELBOURNE FL 32904 **58 SW IRWIN ST. WEST MELBOURNE FL 32904**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4840 US Hwy 1 **P.O. Box 644**
 City & State City & State
GRANT, FL. **MELBOURNE, FL.**

Zip Country Zip Country
32949 **BREVARD** **32902-0644** **BREVARD**

4. FEI Number 59-3539375 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALBRIGHT, JAMES C JR.
58 SW IRWIN ST.
WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable)
4840 US Hwy 1
 City **GRANT** **FL** Zip Code **32949**

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 *James C. Albright Jr.* 1/23/01
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	VS ALBRIGHT, JAMES C JR. P.O. BOX 664 MELBOURNE FL 32902-0644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Change <input checked="" 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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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: *James C. Albright Jr.* **PRES** 1/23/01 321-723-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CFR2E034 (10/00)