

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90470 038 ***150.00

DOCUMENT # P99000022666

1. Entity Name

CHANTL, INC.

Principal Place of Business

Mailing Address

**6700 S. FLORIDA AVE., SUITE 6
 LAKELAND FL 33813**

**6700 S. FLORIDA AVE., SUITE 6
 LAKELAND FL 33813-3310**

2. Principal Place of Business

3. Mailing Address

P O BOX 1797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIGHLAND CITY, FLORIDA

4. FEI Number

59-3563090

Applied For

Not Applicable

Zip

Country

Zip
33846

Country
USA

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

**ELLSWORTH, W. WM. JR.
 6700 S. FLORIDA AVE., SUITE 6
 LAKELAND FL 33813**

Name

ALDRIDGE, J. C.

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

6700 S. FLORIDA AVE. STE. #6

City

LAKELAND,

FL

Zip Code

33813

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, 2000 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 **D** ☐ Delete
 NAME **ALBRIDGE, J. C.**
 STREET ADDRESS **P. O. BOX 7667**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **P D** ☒ Change ☐ Addition
 NAME **ALDRIDGE, J.C.**
 STREET ADDRESS **6700 S. FLORIDA AVE. STE #6**
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 863-644-9197

Date

Daytime Phone #

CR2E034 (9/99)