

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024660

1. Entity Name

CHAPPY'S CONSTRUCTION, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90100 047 \*\*\*150.00

Principal Place of Business

Mailing Address

SR 765  
MOORE HAVEN FL 33471

SR 765  
MOORE HAVEN FL 33471

2. Principal Place of Business

3. Mailing Address

765 E. STATE RD. 78

765 E. STATE RD. 78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MOORE HAVEN, FL

MOORE HAVEN, FL

Zip

Country

Zip

Country

33471

33471

4. FEI Number 65-0922518

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

CHAPMAN, DAVID

SR 765

MOORE HAVEN FL 33471

Name

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

765 E. STATE RD. 78

City

MOORE HAVEN

FL

Zip Code

33471

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 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	<input type="checkbox"/> Delete
NAME	CHAPMAN, DAVID	
STREET ADDRESS	SR 765	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	765 E. STATE RD. 78	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *David Chapman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Chapman

Date

1-11-01 x 863-946-0700

Daytime Phone #

CR2E034 (10/00)