2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # P9900026965 1. Entity Name CHICO & SON, INC. 09-18-2000 90019 011 ***150.00 Principal Place of Business Mailing Address 1405 HIGHWAY 98 NORTH 1405 HIGHWAY 98 NORTH OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 CCOOLDAY Principal Place of Business 3. Mailing Address Hw 1405 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0904 eechobed Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired nkecchob Fee Required 6. Name and Address of Current Registered Agent * --7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete . TITLE Change ☐ Addition TITLE NAME GUERRERO, AUGUSTIN B NAME --1405 HIGHWAY 98 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 TITLE ☐ Change ☐ Addition ☐ Celete TÍTLE GUERRERO, IVAN C NAME NAME STREET ADDRESS STREET ADDRESS 1405 HIGHWAY 98 NORTH CITY-ST-ZIP CITY-ST-ZIE OKEECHOBEE FL 34972 - Addition TITLE Delete TITLE Change-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS 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 eth

have received this form. not received the Before this pone;