2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000039377 Mar 24, 2000 8:00 am 1. Entity Name CHEZDAN CORP. **Secretary of State** 03-24-2000 90124 014 ***150.00 Principal Place of Business Mailing Address 4106 CENTRAL SARASOTA PKWY #1023 4106 CENTRAL SARASOTA PKWY #1023 SARASOTA FL 34238-5687 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0912862 Not Applicable \$8.75 Additional Zìp Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHESNEY, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 4106 CENTRAL SARASOTA PKWY #1023 SARASOTA FL 34238 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DANIEL E. CHESNEY TITLE ☐ Change **Addition** ☐ Defete TITLE DANIEL E. CHESNEY 4106 CENTRAL SAMESTA PKWY \$ 1023 NAME NAME SARASOM PKWY # 1023 4106 CENTITIE STREET ADDRESS STREET ADDRESS SIRASOFA, FL SAMASOTA, FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE JUDITH L. CHEWLY JUDITH L. CHESNEY 4106 CENTRAL/SARASOM PKWY & 1023 NAME 4104 CENTHAL SARASOTA PRWY F 1023 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SANASONA FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.