

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039377

1. Entity Name  
**CHEZDAN CORP.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90110 021 \*\*\*150.00

Principal Place of Business  
**4106 CENTRAL SARASOTA PKWY #1023  
SARASOTA FL 34238**

Mailing Address  
**4106 CENTRAL SARASOTA PKWY #1023  
SARASOTA FL 34238**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business # **7400 Sunshine Skyway Ln. S. Apt 117B**  
Suite, Apt #, etc.

3. Mailing Address # **7400 Sunshine Skyway Ln. S. Apt 117B**  
Suite, Apt #, etc.

City & State **St. Petersburg, FL**  
Zip **33711** Country **Pinellas**

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Zip **33711** Country

4. FEI Number **65-0912862** 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

**CHESNEY, DANIEL E**  
**4106 CENTRAL SARASOTA PKWY #1023**  
**SARASOTA FL 34238**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7400 Sunshine Skyway Ln S. Apt 117B**  
City **St. Petersburg** FL Zip Code **33711**

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 DATE **4/14/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CHESNEY, DANIEL E</b>
STREET ADDRESS	<b>4106 CENTRAL SARASOTA PKWY #1023</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CHESNEY, JUDITH L</b>
STREET ADDRESS	<b>4106 CENTRAL SARASOTA PKWY #1023</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7400 Sunshine Skyway Ln S. Apt 117B</b>
STREET ADDRESS	<b>St. Petersburg, FL 33711</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7400 Sunshine Skyway Ln. S. Apt 117B</b>
STREET ADDRESS	<b>St. Petersburg, FL 33711</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: DATE **4/14/01** DAYTIME PHONE # **727-864-7824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)