

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90231 008 ***150.00

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DOCUMENT # P99000057199



1. Entity Name
RICHARD CHALMERS, P.A.

Principal Place of Business
**WACHOVIA BANK BUILDING, 2ND FLOOR
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address
**WACHOVIA BANK BUILDING, 2ND FLOOR
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business
64 HEDGE BROOK LANE

3. Mailing Address
64 HEDGE BROOK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STAMFORD, CT

City & State
STAMFORD, CT

4. FEI Number **65-0930410**

Applied For
☐ Not Applicable

Zip
06903

Country
USA

Zip
06903

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHALMERS, RICHARD J
WACHOVIA BANK BUILDING, 2ND FLOOR
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **SLEWETT, ROBERT D.**

Street Address (P.O. Box Number is Not Acceptable)
801 NORTHEAST 167TH STREET

WACHOVIA BANK BUILDING, 2ND FLOOR

City **NORTH MIAMI BEACH** **FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROBERT D. SLEWETT, Esq

04/14/2003

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **DP CHALMERS, RICHARD J** ☒ Delete
STREET ADDRESS **WACHOVIA BANK BUILDING, 2ND FLOOR**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP CHALMERS, RICHARD J** ☒ Change ☐ Addition
STREET ADDRESS **64 HEDGE BROOK LANE**
CITY-ST-ZIP **STAMFORD, CT 06903**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/11/2003 (203) 249 1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)