

6000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299000063083

Entity Name

CHANTILLY CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 3:40

Principal Place of Business Mailing Address
10502 NILE CT. P.O. Box 262305
TAMPA, FLORIDA 33615 TAMPA, FLORIDA 33685

2. Principal Place of Business 3. Mailing Address
10502 NILE COURT P.O. Box 262305
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
TAMPA, FLORIDA TAMPA, FLORIDA
Zip Country Zip Country
33615 HILLSBORO 33685 HILLSBORO

09-06-00 90106 001 \$8.75

DO NOT WRITE IN THIS SPACE

09-06-00 90106 062 \$150.00

4. FEI Number Applied For
55-3600086 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

R.M. ORLANDO
P.O. Box 262305
TAMPA, FLORIDA 33685

Name
Street Address (P.O. Box Number is Not Acceptable)
10502 NILE COURT
City TAMPA FL Zip Code 33615

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	SOUL OWNER - PRES. RECHILDA MARIE ORLANDO 10502 NILE COURT TAMPA, FLORIDA 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *R.M. Orlando*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 813-855-
2639

CR2E034 (9/99)