

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067634

1. Entity Name
CHATTERTON PROPERTY, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90033 039 ***150.00

Principal Place of Business
C/O PACKMAN, NEUWAHL & ROSENBERG
5133 CASTELLO DR., STE. 1
NAPLES FL 34103

Mailing Address
C/O PACKMAN, NEUWAHL & ROSENBERG
5133 CASTELLO DR., STE. 1
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 Chastang, Ferrell, et al
Suite, Apt. #, etc.
4001 Tamiami Trail N., Ste. 285
City & State
Naples, FL
Zip
34103
Country
USA

3. Mailing Address
40 Chastang, Ferrell, et al
Suite, Apt. #, etc.
4001 Tamiami Trail N., Ste. 285
City & State
Naples, FL
Zip
34103
Country
USA

4. FEI Number 59-3595555
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
KYLE N. WILLIAMSON, CPA
Street Address (P.O. Box Number is Not Acceptable)
40 Chastang, Ferrell, et al
4001 Tamiami Trail N., Suite 285
City
Naples FL Zip Code
34103

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
K. Williamson CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/01
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHATTERTON, MARTIN 8 BICKERTON RD. SOUTH PORT MERSEYSIDE PR820-Y	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHATTERTON, ANN 8 BICKERTON RD. SOUTH PORT MERSEYSIDE PR820-Y	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)