

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071491

1. Entity Name  
CHIMERA DESIGNS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90073 039 \*\*\*150.00

Principal Place of Business

1616 EAST MARKS STREET  
ORLANDO FL 32803

Mailing Address

1616 EAST MARKS STREET  
ORLANDO FL 32803-4156

2. Principal Place of Business

3133 CORRIE DR  
Suite, Apt. #, etc.

3. Mailing Address

3133 CORRIE DR  
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3594748

Applied For

Not Applicable

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ELIZABETH  
1616 EAST MARKS STREET  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name  
MOORE, ELIZABETH  
Street Address (P.O. Box Number is Not Acceptable)  
1626 MARGATE AVE  
City  
ORLANDO FL Zip Code  
32803

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
MOORE, ELIZABETH  
1616 EAST MARKS STREET  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORE, ELIZABETH  
1616 EAST MARKS STREET  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: ELIZABETH MOORE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 407-897-1496  
Date Daytime Phone #

CR2E034 (9/99)