

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073595

1. Entity Name
CHALCOPYRITE INVESTMENTS, INC.



FILED

04 FEB 19 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

Principal Place of Business
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779

Mailing Address
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779

2. Principal Place of Business
994 Lake Destiny Road
Suite 102
Altamonte Springs FL
Zip 32714 Country USA

3. Mailing Address
994 Lake Destiny Road
Suite 102
Altamonte Springs FL
Zip 32714 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3603179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JURGENS, J.A.
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Albert E Ford II
Street Address (P.O. Box Number is Not Acceptable)
994 Lake Destiny Road
Suite 102
City Altamonte Springs FL Zip Code 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D
NAME CARSON, MARK
STREET ADDRESS 505 WEKIVA SPRINGS RD., STE. 500
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CARSON, MARK
STREET ADDRESS 96 Al Ford II, 994 Lake Destiny Rd Suite 102
CITY-ST-ZIP Altamonte Springs FL 32714 ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)