

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01324

1. Entity Name

CHAPMAN FLOORING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90420 031 ***150.00

Principal Place of Business

Mailing Address

~~101 WOODFIELD DR~~ 1760 Beacon DR ~~101 WOODFIELD DR~~ 1760 Beacon DR
 SANFORD FL 32770- SANFORD FL 32773-7402
 US 32771 US 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3035518

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHAPMAN, NEIL C.

Name Neil C Chapman JR

Street Address (P.O. Box Number is Not Acceptable)

~~101 WOODFIELD DR~~ 1760 Beacon DR
~~SANFORD FL 32773~~ SANFORD FL 32771

1760 Beacon DR

City SANFORD

FL

Zip Code 32771

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 15 2000

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 P ☐ Delete
 NAME CHAPMAN, NEIL C.
 STREET ADDRESS ~~101 WOODFIELD DR~~ 1760 Beacon DR
 CITY-ST-ZIP SANFORD FL 32773 32771

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 #

APR 15 2000

CR2E034 (9/99)