

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90026 039 ***150.00

DOCUMENT # S58053

1. Entity Name
CHI BEARS, INC.

Principal Place of Business
915 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

Mailing Address
915 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

2. Principal Place of Business
915 COUNTRY CLUB BLVD

3. Mailing Address
915 COUNTRY CLUB BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL.

4. FEI Number **65-0271208**

Applied For
Not Applicable

Zip
33940

Country
LEE

Zip
33940

Country
LEE

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

MESSINA, JAMES
915 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

Name
VICTOR J. MAZZELLA C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
1408 SE 17TH AVE
SUITE F
City
CAPE CORAL FL **Zip Code**
33990

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 **VICTOR J. MAZZELLA C.P.A.**
Signature, typed or printed name of registered agent and title if applicable.

1-7-02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **MESSINA, JAMES**
STREET ADDRESS **915 COUNTRY CLUB BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **VP** ☒ Delete
NAME **MESSINA, HELEN**
STREET ADDRESS **915 COUNTRY CLUB BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **S** ☒ Delete
NAME **BIANCO, PETE**
STREET ADDRESS **915 COUNTRY CLUB BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **VP** ☐ Delete
NAME **MESSINA, HEIDI**
STREET ADDRESS **915 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL FL. 33990**

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

TITLE **S** ☐ Delete
NAME **RICHARD CANAMICO**
STREET ADDRESS **915 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **THOMAS REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-02 941-458-5400
Date Daytime Phone #

CR2E034 (9/01)