

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91596 026 ***158.75

DOCUMENT # **581906**
 1. Entity Name
CHAPMAN TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
5200 TOWN CENTER CIR. 5200 TOWN CENTER CIR.
STE 550 STE 550
BOCA RATON, FL 33486 BOCA RATON, FL 33486

552375

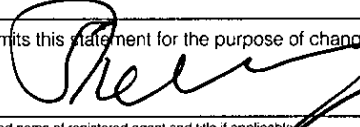
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0365013** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RACKAWKAN, SARUNAS
800 W. CYPRESS CREEK RD, STE 240
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name **SARUNAS RACKAUSKAS**
 Street Address (P.O. Box Number is Not Acceptable) **5200 TOWN CENTER CIR. STE 550**
 City **BOCA RATON** FL Zip Code **33486**

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  **S. RACKAUSKAS Controller** DATE **5/1/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERT W. CHAPMAN	
STREET ADDRESS	800 W. CYPRESS CREEK RD, STE 240	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLAUDETTE CHAPMAN	
STREET ADDRESS	1428 NE 57th Street	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W. CHAPMAN	
STREET ADDRESS	5200 TOWN CENTER CIR, STE 550	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDETTE CHAPMAN	
STREET ADDRESS	1100 SW 20th AVE.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **R. Chapman** DATE **5/1/01** DAYTIME PHONE # **561-226-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)