

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90029 019 ***158.75

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DOCUMENT # V40588

1. Entity Name
CHENEY STREET, INC.

Principal Place of Business
**501 S. NEW YORK AVE.
WINTER PARK FL 32784**

Mailing Address
**501 S. NEW YORK AVE.
WINTER PARK FL 32784**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

147 West Lyman Ave.

Suite, Apt. #, etc.

3. Mailing Address

147 West Lyman Avenue

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip

32789

Country

ORANGE

City & State

Winter Park FL

Zip

32789

Country

ORANGE

4. FEI Number

59-3197852

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, ROBERT B., ESQ
225 EAST ROBINSON STREET
SUITE 620
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name

ROBERT P. HOLD

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

147 West Lyman Avenue

City

Winter Park

FL

Zip Code

32789

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

Robert P. Hold, President

2/8/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLD, ROBERT P.	
STREET ADDRESS	1230 E. HILLCREST ST., EAST 104 147 W. LYMAN AVE.	
CITY-ST-ZIP	ORLANDO FL 32803 Winter Park FL 32789	
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
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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	<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
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STREET ADDRESS	
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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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. HOLD 2/8/02 (407) 691-0505

Date

Daytime Phone #

CF2E034 (9/01)