

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90278 046 \*\*\*158.75

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DOCUMENT # P02000113252

1. Entity Name  
CHAPMAN COMMAND CENTER, INC.



Principal Place of Business  
1100 SW 20 AVE  
BOCA RATON FL 33486

Mailing Address  
1100 SW 20 AVE  
BOCA RATON FL 33486

11018705



2. Principal Place of Business  
612 NW 53rd Street

3. Mailing Address  
612 NW 53rd Street

Suite, Apt. #, etc.  
Suite 240

Suite, Apt. #, etc.  
Suite 240

City & State  
Boca Raton FL

City & State  
Boca Raton FL

4. FEI Number  
16-1636718

Applied For  
Not Applicable

Zip Country  
33487 U.S.A.

Zip Country  
33487 U.S.A.

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SVS INC  
ONE SE 3RD AVE 28FL  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Robert W Chapman  
Street Address (P.O. Box Number is Not Acceptable)  
612 NW 53rd Street  
Suite 240  
City Boca Raton FL Zip Code 33487

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 *Robert W Chapman*  
Signature typed or printed name of registered agent and title if applicable.

4/23/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: *Robert W Chapman*  
Signature typed or printed name of signing officer or director

4/23/03  
Date

Daytime Phone #

CR2E034 (10/02)