2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90022 041 ***150.00

DOCUMENT # 536961

1. Entity Name
CHALLIS MARSHALL, INC.

Principal Place of Business	Mailing Address
600 3RD STREET S.E. WINTER HAVEN FL 33880 US	600 3RD STREET S.W. WINTER HAVEN FL 33880-3415 US

L00018710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 3rd STREET S.W.	P.O. BOX 801
Suite, Apt. #, etc.: WINTER HAVEN	Suite, Apt. #, etc.: WINTER HAVEN,
City & State: FLORIDA	City & State: FLORIDA
Zip: 33880 Country: U.S.A.	Zip: 33882 Country: USA

4. FEI Number 59-1746779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, CHALLIS G.
600 3RD STREET S.W.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

TITLE	PD	☐ Delete
NAME	MARSHALL, CHALLIS G.	
STREET ADDRESS	265 LAKE LINK RD SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	☐ Delete
NAME	MARSHALL, MARY K.	
STREET ADDRESS	265 LAKE LINK RD SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
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: Challis Marshall – CHALLIS MARSHALL 2-2-00 863-294-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #