

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004739

1. Entity Name

C-H HOLDINGS, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90020 011 ***150.00

Principal Place of Business

Mailing Address

433 PLAZA REAL STE 275
BOCA RATON FL 33432

433 PLAZA REAL STE 275
BOCA RATON FL 33432

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 52-2253122

Applied For

Not Applicable

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

KOMAR, STEVE
2667 N. OCEAN BLVD, I-507
BOCA RATON FL 33431

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME MARTIRE, FRANK
STREET ADDRESS 703 W. HADDONSTONE PLACE
CITY-ST-ZIP MEQUON WI ☐ Delete

TITLE
NAME MARTIRE, FRANK
STREET ADDRESS 401 N.E. MIDWAY BLVD
CITY-ST-ZIP BOCA RATON, FLA. 33432 ☒ Change ☐ Addition

TITLE VD
NAME DANOLA, PAUL
STREET ADDRESS 10619 N. AUGUSTA COURT
CITY-ST-ZIP MEQUON WI ☐ Delete

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

TITLE STD
NAME KOMAR, STEVE
STREET ADDRESS 2667 N. OCEAN BLVD I-507
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE D
NAME KESSINGER, WILLIAM
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-112

CR2E034 (10/00)