

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90086 020 ***158.75

DOCUMENT # F96000005430

1. Entity Name

C H S PROPERTIES, INC.



Principal Place of Business

**25819 CANAL RD
ORANGE BCH AL 36561
US**

Mailing Address

**25819 CANAL RD
ORANGE BCH AL 36561
US**

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

63-0955818

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOFFMAN, CHARLES L ESQ
SHELL FLEMING DAVIS & MENGE PA
9TH FLOOR, SEVILLE TOWER
PENSACOLA FL 32501**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete

**D
NAME
COOPER, JOHN
STREET ADDRESS
25819 CANAL ROAD
CITY-ST-ZIP
ORANGE BEACH AL 36561**

TITLE ☐ Delete

**D
NAME
LAIRD, PHIL
STREET ADDRESS
25819 CANAL ROAD
CITY-ST-ZIP
ORANGE BEACH AL 36561**

TITLE ☐ Delete

**AS
NAME
JOHNSON, ROBIN
STREET ADDRESS
25819 CANAL RD
CITY-ST-ZIP
ORANGE BEACH AL 36561**

TITLE ☐ Delete

**V
NAME
GLOBETTI, STEVEN
STREET ADDRESS
25819 CANAL ROAD
CITY-ST-ZIP
ORANGE BEACH AL 36561**

TITLE ☐ Delete

**D
NAME
CARLSON, WILLIAM T
STREET ADDRESS
25819 CANAL ROAD
CITY-ST-ZIP
ORANGE BEACH AL 36561**

TITLE ☐ Delete

**PD
NAME
WILLINGHAM, PATRICK
STREET ADDRESS
25819 CANAL ROAD
CITY-ST-ZIP
ORANGE BEACH AL 36561**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
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CITY-ST-ZIP**

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TITLE ☐ Change ☐ Addition

**NAME
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CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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

ROBIN E JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-03

251-981-0200

CR2E034 (10/02)