

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90028 001 \*\*\*150.00

**DOCUMENT # H84101**

1. Entity Name

**CHM ELECTRONICS INC.**

Principal Place of Business

Mailing Address

**5810 21ST AVE SOUTH  
 GULFPORT FL 33707  
 US**

**5810 21ST AVE SOUTH  
 GULFPORT FL 33707-4054  
 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 **59-2614451**

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

**AMITRANO, ANN  
 8400 4TH ST. N.  
 ST. PETERSBURG FL 33702**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete  
 NAME **COOK, JANET A.**  
 STREET ADDRESS **807 WYNHOLLOW TRACE, #7**  
 CITY-ST-ZIP **NORCROSS GA**

TITLE **SD** ☒ Change ☐ Delete  
 NAME **COOK, JANET A.**  
 STREET ADDRESS **3972 Chelsea Common, Tucker, GA330**  
 CITY-ST-ZIP **GA330**

TITLE **PVD** ☐ Delete  
 NAME **MCKNIGHT, JANET E.**  
 STREET ADDRESS **5810 21ST AVE. S.**  
 CITY-ST-ZIP **GULFPORT-FL**

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

TITLE **T** ☐ Delete  
 NAME **MCKNIGHT CHARLES H JR**  
 STREET ADDRESS **5810 21ST AVENUE S**  
 CITY-ST-ZIP **GULFPORT FL**

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

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TITLE ☐ Change ☐ Delete  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Charles H. McKnight JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/2000**

Date

**813-345-1009**

Daytime Phone #