

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90072 029 ***150.00

DOCUMENT # J44560

1. Entity Name
C H W INVESTMENTS, INC.



Principal Place of Business
**4341 FORTUNE PLACE
MELBOURNE FL 32904**

Mailing Address
**4341 FORTUNE PLACE
MELBOURNE FL 32904**



2. Principal Place of Business

3. Mailing Address

4343 Fortune Pl

P.O. Box 374

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State
W. Melbourne FL

Zip

32904

Country

US

City & State
Melbourne FL

Zip

32902

Country

US

4. FEI Number
59-2745374

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTIANO, JOHN A
4341 FORTUNE PLACE
MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name
Christiano, John A

Street Address (P.O. Box Number Not Acceptable)

460 Ross Ave

City

Melbourne Bch

FL

Zip Code

32951

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

2-3-03

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
PST
NAME
CHRISTIANO, JOHN
STREET ADDRESS
4341 FORTUNE PLACE
CITY-ST-ZIP
MELBOURNE FL

☐ Delete

TITLE
VP
NAME
HALLQUIST, DAVID
STREET ADDRESS
4341 FORTUNE PL
CITY-ST-ZIP
MELBOURNE FL 32904

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PST
NAME
Christiano, John A
STREET ADDRESS
P.O. Box 374
CITY-ST-ZIP
Melbourne FL 32902

☒ Change ☐ Addition

TITLE
VP
NAME
Hallquist David
STREET ADDRESS
P.O. Box 374
CITY-ST-ZIP
Melbourne FL 32902

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

321 953-2755

Daytime Phone #

CR2E034 (10/02)