

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51618

1. Entity Name

C & H CONTRACTING PROFESSIONALS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90094 017 ***158.75

Principal Place of Business

Mailing Address

US 90 W & COMMERCE BLVD.
WESTFIELD SQUARE
LAKE CITY FL 32055

P.O. BOX 2105
LAKE CITY FL 32056-2105

2. Principal Place of Business

CANNON CREEK CENTER RD.

3. Mailing Address

Suite, Apt. #, etc.

CANNON CREEK IND. PARK

City & State

LAKE CITY, FLORIDA

Zip

32025

Country

USA

Country

4. FEI Number

59-2919166

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBER, BARRY R
CANNON CREEK CTR
LAKE CITY FL 32055

Name

Street Address (P.O. Box Numbers 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]

BARRY R. HUBER

3/JAN/2000

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 DC ☐ Delete
NAME COOKE, GARY D.
STREET ADDRESS LITTLE RD & GLENWOOD CIR
CITY-ST-ZIP LAKE CITY FL

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

TITLE DP ☒ Delete
NAME HUBER, BARRY L.
STREET ADDRESS GLENWOOD CIR
CITY-ST-ZIP LAKE CITY FL

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS BARRY R. HUBER
CITY-ST-ZIP GLENWOOD CIRCLE
LAKE CITY, FL

TITLE V ☐ Delete
NAME LIENEMANN, MIKE A.
STREET ADDRESS ASHBY RD
CITY-ST-ZIP LAKE CITY FL

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

TITLE ST ☒ Delete
NAME CARRENDER, LAKE
STREET ADDRESS ERIN LANE SOUTHWOOD MEADOWS
CITY-ST-ZIP LAKE CITY FL

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS LUKE W. CARRENDER
CITY-ST-ZIP ERIN LANE / SOUTHWOOD MEADOWS
LAKE CITY, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2000 (904) 755-1102
Date Daytime Phone #

CR2E034 (9/99)