

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003786

1. Entity Name
C3HS, L.L.C.

FILED

00 JAN 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4705 OLD HIGHWAY 37
LAKELAND FL 33813

Mailing Address
4705 OLD HIGHWAY 37
LAKELAND FL 33813

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

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

☒ Applied For
☐ Not Applicable
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASTAIN, JAMES R JR
4705 OLD HIGHWAY 37
LAKELAND FL 33813

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

Jan 17, 2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS CAUTHAN, W.R.
CITY-ST-ZIP 4705 OLD HIGHWAY 37
LAKELAND FL 33813 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003119250--3
CITY-ST-ZIP -02/01/00--01118--012
*****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Jan 17, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #