

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0042106 AV

DOCUMENT # M82368

1. Entity Name

CHC, INC.

03-11-2002 90041 011 ***150.00

Principal Place of Business

% THOMAS HATLEE
4863 GUM RD.
TALLAHASSEE FL 32304
US

Mailing Address

% THOMAS HATLEE
1154 HATLEE TRACE
TALLAHASSEE FL 32304
US

2. Principal Place of Business

3. Mailing Address

50 Engwall Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Havana, Florida

4. FEI Number

59-2892844

Applied For

Not Applicable

Zip

Country

Zip

32333

Country

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

HATLEE, THOMAS
1154 HATLEE TRACE
TALLAHASSEE FL 32304

Name

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

50 Engwall Circle

City

HAVANA

FL

Zip Code

32333

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CRANDALL, DANNIEL
BARTON HILL RD.
SCHOLHARIE, NY. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TP
HATLEE, THOMAS E.
1154 HATLEE TRACE
TALLAHASSEE FL ☐ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hatlee, Thomas E.
50 Engwall Circle
Havana, FL ☒ 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

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:

Thomas Hatlee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 850-539-9202

Date Daytime Phone #

CR2E034 (9/01)