

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91419 011 ***150.00

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DOCUMENT # M82368

1. Entity Name
CHC, INC.



Principal Place of Business
% THOMAS HATLEE
4863 GUM RD.
TALLAHASSEE FL 32304
US

Mailing Address
50 ENGWALL CIRCLE
HAVANA FL 32333
US



2. Principal Place of Business

3. Mailing Address

40 DAN CRANDELL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

142 BARTON HILL Rd.

City & State

City & State

SCHOLARIE, NY

Zip

Country

Zip

Country

12157

USA

4. FEI Number

59-2892844

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATLEE, THOMAS
50 ENGWALL CIRCLE
HAVANA FL 32333

Name

DANIEL R. CRANDELL

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

4863 GUM Rd.

City

TALLAHASSEE

FL

Zip Code

32304

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]
Signature, typed or printed name of registered agent and title if applicable.

DANIEL R. CRANDELL, PRES
(NOTE: Registered Agent signature required when reinstating)

4/23/03
Date

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME CRANDELL, DANIEL
STREET ADDRESS BARTON HILL RD.
CITY-ST-ZIP SCHOLARIE, NY. ☐ Delete

TITLE P, S, I
NAME CRANDELL, DANIEL ☒ Change ☐ Addition
STREET ADDRESS 142 BARTON HILL RD.
CITY-ST-ZIP SCHOLARIE, NY 12157

TITLE TP
NAME HATLEE, THOMAS E. ☒ Delete
STREET ADDRESS 50 ENGWALL CIRCLE
CITY-ST-ZIP HAVANA FL 32333

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

DANIEL R. CRANDELL, PRES 4/23/03

Date

Daytime Phone #

CR2E034 (10/02)