

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 033 ***150.00

DOCUMENT # **P00000007324** ✓

1. Entity Name

CGH Networking Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 Belvedere Oval

Suite, Apt. #, etc.

3. Mailing Address

401 Belvedere Oval

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

4. FEI Number

59-3666371

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

33617

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Christopher D. Buch

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

401 Belvedere Oval

City

Temple Terrace

FL

Zip Code

33617

**DO NOT WRITE
IN THIS SPACE**

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 of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

Christopher D. Buch

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President / C.E.O.
Jason D. Buch
324 Belleview Ave.
Temple Terrace, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Jason D. Buch

5-1-02

813-989-2563

CR2E034B (12/01)