

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

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

04-11-2002 90102 023 ***150.00

DOCUMENT # PO10000032050 ✓

1. Entity Name

C.H.S. Site Development INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3928 S. Delard Way

Suite, Apt. #, etc.

3. Mailing Address

3928 S. Delard Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

4. FEI Number

59-3708737

Applied For

Not Applicable

Zip

34448

Country

U.S.A.

Zip

34448

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KEVIN K. DIXON

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

320 Highway 41 South Bank of INVERNESS BLDG

City

INVERNESS

FL

Zip Code

34451-0250

**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 KEVIN K DIXON

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

(NOTE: Registered Agent signature required when reinstating)

4/2/02

DATE

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	<u>PRESIDENT, TREASURER, DIRECTOR</u> <u>BRUCE D COURTNEY</u> <u>3928 SULLARD WAY</u> <u>HOMOSASSA FL 34448</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT, SECRETARY, DIRECTOR</u> <u>MICHAEL HOLCOMB</u> <u>7049 WEST JEANS LANE</u> <u>CRYSTAL RIVER, FL 34429</u>
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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 BRUCE D COURTNEY PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 352 302 7554

Date

Daytime Phone #

CR2E034B (12/01)