

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 91138 029 ***150.00

DOCUMENT # P01000081841
 1. Entity Name
C & H CORPORATION OF NAPLES INC

Principal Place of Business Mailing Address
4240 GULFSTREAM DR #205 **4240 GULFSTREAM DR #205**
NAPLES FL 34112 **NAPLES FL 34112**



DO NOT WRITE IN THIS SPACE

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
593-53-5977
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EDWARDS, DIAN
1842 40TH TERR SW
NAPLES FL 34116

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **VINCENT G. GUNDMANN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **941-798-5444**
Date Daytime Phone #

CR2E034 (9/01)

Attachment 35310

#P01000081841

COLLIER COUNTY OCCUPATIONAL LICENSE TAX
COLLIER COUNTY TAX COLLECTOR • 2800 N. HORSESHOE DRIVE • NAPLES, FLORIDA 34104 • (941) 403-2477
VISIT OUR WEBSITE AT www.colliertax.com
THIS LICENSE EXPIRES SEPTEMBER 30,

LOCATION: 4240 GULFSTREAM DR #205
ZONED: HOME OCC

**DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION
FAILURE TO DO IS CONTRARY TO LOCAL LAWS.**

LEGAL FORM PROFESSIONAL REG. NO. BUSINESS PHONE
INDIVIDUAL [] 28187 285-7266
PARTNERSHIP [] C & H CORP OF NAPLES
CORPORATION [X] SIMMONS, HENRY
4240 GULFSTREAM DR #205
NAPLES

SEATING CAPACITY
ROOM COUNT
NUMBER OF EMPLOYEES 1-10 EMPLOYEES
NUMBER OF VENDING MACHINES
PHONE COUNT
CLASSIFICATION FLOOR COVERING CONTRACTOR

This document is an occupational license tax only. This is not certification that licensee is qualified. It does not permit the licensee to violate any existing regulatory or zoning laws of the state, county, or cities nor does it exempt the licensee from any other license or permits that may be required by law.

WALK-IN OR POSTMARKED BY:	OCT. 1 - OCT. 31	NOV. 1 - NOV. 30	DEC. 1 - DEC. 31	JAN. 1 AND AFTER	LICENSE NO./CODE
AMOUNT DUE BEFORE SEPTEMBER 30					0900427
					02104301

FEIN 593535977

BUSINESS ADDRESS 4240 GULFSTREAM DRIVE
#205
NAPLES

FL 34112

NOTE: Pursuant to Chapter 440.10(1)(g), 2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 12/21/2001

EXPIRATION DATE 12/21/2003

EXEMPTED PERSON LAST NAME SIMMONS

FIRST NAME HENRY

SOCIAL SECURITY NUMBER 439-86-6299

BUSINESS NAME C & H CORPORATION NAPLES INC

FEDERAL IDENTIFICATION NUMBER 593535977

BUSINESS ADDRESS 4240 GULFSTREAM DRIVE

#205

NAPLES

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