2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000114568



FILED Jan 10, 2003 8:00 am Secretary of State

1. Entity Name CCH ADVISORS, INC.						01-10-2003 90075 022 ***150.00				
,	ee of Business T ROAD. #210 14105	Mailing Address 3765 AIRPORT ROAD. #210 NAPLES FL 34105								
2. Principal F	Place of Business	3. Mailing Address				\$ 10071084 141 00584 11015 00141 00141 0841		 	11151 1311 1011	
Suite, Apt. #, etc. SUITE # 201		Suite, Apt. #, etc. SUITE # 201				CHECK HERE IF MAKING CHANGES				
City & State		City & State		50-3757850 I			plied For t Applicable	-		
Zip	Country	Zip	Cour	ntry	5	i. 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					
				Name						
HOLLAND, CLINT C 3765 AIRPORT ROAD, #210				Street A	Street Address (P.O. Box Number is Not Acceptable)					1
NAPLES I	•						,			1
NATLES	rL 34103			City			FL ²	Žip Code	e	
A The above	named entity submits this statement fo	or the number of changing in	ts register	ed office or	registered	agent or both in the State of Florida		ar with	and accent	┨
	ions of registered agent.	in the purpose of changing t	is register	ed Onice of	registered	agent, or both, in the state of horida.	cam lamin	CII VVILLII, A	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agent signatu	re required whe	on reinstating)	ATE			
· •	HE NOWILL FEE IO 6450.00				<u> </u>					}
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
ጥ	Payable to Florida Department of									
10.	OFFICERS AND		11.		,	ADDITIONS/CHANGES TO OFFICERS				ړ ا
TITLE NAME	PD CUNT C	☐ Delete	TITLI NAM					Change	Addition	(10/02)
STREET ADORESS	HOLLAND, CLINT C 3765 AIRPORT ROAD, #210			ET ADDRESS	2765	AIRPORT RD, #20	1			
CITY-ST-ZIP	NAPLES FL 34105			-ST-ZIP	5.00	,				E034
TITLE		☐ Delete	TITL					Change	☐ Addition	ä
NAME			NAM	E			_			C
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CITY-ST-ZIP				-ST-ZIP						
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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 incomposition of the corporation of the corporati

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

<u>ired</u>

Daytime Phone #