

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29564

1. Entity Name
P.W. CHISHOLM, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

06-30-2000 90003 004 ***150.00
09-11-2000 90008 005 ***400.00

Principal Place of Business
145 ATLANTIS BLVD
#208
ATLANTIS FL 33462
US

Mailing Address
2202 ABBY LN
ATLANTA GA 30345
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1560015

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHISHOLM, PATRICK
145 ATLANTIS BLVD
ATLANTIS FL 33462

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | CFO | <input type="checkbox"/> Delete |
| NAME | CHISHOLM, PATRICK W. | |
| STREET ADDRESS | 145 ATLANTIS BLVD #208 | |
| CITY-ST-ZIP | ATLANTIS FL 33462 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CHISHOLM, PAUL G. | |
| STREET ADDRESS | 5665 BOYNTON COVE WAY | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | CHISHOLM, DAVID J. | |
| STREET ADDRESS | 1510 PIEDMONT AVE | |
| CITY-ST-ZIP | ATLANTA GA 30324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | President CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chisholm, Patrick W. | |
| STREET ADDRESS | 145 ATLANTIS BLVD. #208 | |
| CITY-ST-ZIP | ATLANTIS, FL 33462 | |
| TITLE | VICE President CFO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chisholm, David | |
| STREET ADDRESS | 1510 Piedmont Ave | |
| CITY-ST-ZIP | ATLANTA GA. 30324 | |
| TITLE | Secretary-Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Chisholm, Sherri | |
| STREET ADDRESS | 2202 Abby Ln. | |
| CITY-ST-ZIP | ATLANTA, GA 30345 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Sherri W. Chisholm 7-18-00 (404) 636-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)