

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90002 026 \*\*\*158.75

**DOCUMENT # P94000025643**

1. Entity Name

**C H S FINANCIAL SERVICES, INC.**

Principal Place of Business

**8051 N TAMiami TRL  
SUITE 50  
SARASOTA FL 34243  
US**

Mailing Address

**8051 N TAMiami TRL  
SUITE 50  
SARASOTA FL 34243  
US**

2. Principal Place of Business

**522 Chevy Chase Dr.  
Suite, Apt. #, etc.  
Sarasota, FL  
City & State  
34243 USA**

3. Mailing Address

**Same  
Suite, Apt. #, etc.**

City &amp; State

Zip

Country

Country

4. FEI Number

**65-0476290**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****SNIDER, CARMIE H.  
6110 99TH ST. EAST  
BRADENTON FL 34202****7. Name and Address of New Registered Agent**Name **Denise Sharpe**

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

**522 Chevy Chase Dr**City **Sarasota**

FL

Zip Code **34243**

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

**Denise Sharpe, President**

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

(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 \$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	<b>PTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SNIDER, CARMIE H</b>	
STREET ADDRESS	<b>8051 N. TAMiami TRL STE50</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Denise Sharpe</b>	
STREET ADDRESS	<b>522 Chevy Chase Dr</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	
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:

**Denise Sharpe**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/02 941-360-6770**

CR2E034 (9/01)