

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001110

1. Entity Name

H.T. CHITTUM OF NAPLES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90078 004 ***150.00

Principal Place of Business

Mailing Address

4242 GULF SHORE BLVD
NAPLES FL 34103
US

82748 OVERSEAS HWY
ISLAMORADA FL 33036-3601

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier FL

4. FEI Number

65-0546858

Applied For

Not Applicable

Zip

Country

Zip

Country

33070

5. 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

JAYMIE CHITTUM
82748 OVERSEAS HWY
ISLAMORADA FL 33036

Name

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

979 Leather Fern Lane

City Mims

FL

Zip Code 32754

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CHITTUM, HAROLD T III
STREET ADDRESS 82748 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL

TITLE ☒ Change ☐ Addition
NAME 979 Leather Fern Lane
STREET ADDRESS Mims, FL 32754
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME CHITTUM, JAYMIE E
STREET ADDRESS 82748 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL

TITLE ☒ Change ☐ Addition
NAME 979 Leather Fern Lane
STREET ADDRESS Mims, FL 32754
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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: Jaymie E. Chittum, Secretary 3/22/00 407-383-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)