

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050145

1. Entity Name
CAH REALTY, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90057 016 ***150.00

0609456

Principal Place of Business
50 HIGHWAY AIA
SUITE 108
PONTE VEDRA BEACH FL 32082

Mailing Address
50 HIGHWAY AIA
SUITE 108
PONTE VEDRA BEACH FL 32082

602186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3485335		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARTLETT, BARON L PA 50 HIGHWAY AIA SUITE 108 PONTE VEDRA BEACH FL 32082				Name CYNTHIA HOLMES			
				Street Address (P.O. Box Number is Not Acceptable) 3870 COASTAL HWY.			
				City ST. AUGUSTINE FL Zip Code 32084			

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 CYNTHIA HOLMES Cynthia Holmes (NOTE: Registered Agent signature required when reinstating) DATE 1/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, CYNTHIA A 50 HIGHWAY AIA SUITE 108 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Cynthia Holmes CYNTHIA HOLMES 1/9/01 (904) 826-086

CR2E034 (10/00)