2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

DOCUMENT # P97000052241 Apr 27, 2000 8:00 am Secretary of State C & H MARINE, INC. 04-27-2000 90029 032 ***150.00 Mailing Address Principal Place of Business 4401 CENTRAL AVE. 4401 CENTRAL AVE. ST. PETERSBURG FL 44713 ST. PETERSBURG FL 33713-8232 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3452079 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDREWS, PETER D Street Address (P.O. Box Number is Not Acceptable) 696 1ST AVE. N., SUITE 400 ST. PETERSBURG FL 33701 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME BITTLE. CLIFTON R NAME STREET ADDRESS STREET ADDRESS 105 NW 99TH TERR. CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** ☐ Addition ☐ Change Delete TITLE NAME BITTLE, HOLLY P NAME STREET ADDRESS STREET ADDRESS 105 NW 99TH TERR. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 Change -Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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