2000 UNIFORM BUSINESS REPORT (UBR) FILED "DCUMENT # **P97000054568** Mar 06, 2000 8:00 an **Secretary of State _CH ENTERPRISES OF PINELLAS INC.** 03-06-2000 90090 003 ***150.00 igal Place of Business Mailing Address 314 WINDRUSH BLVD #13 WINDRUSH BLVD #13 ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785-2680 rincipal Place of Business 3. Mailing Address Suite, Apt. #, etc. - ite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For w & State 4. FEI Number 59-3453355 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EMNETT, REBECCA Street Address (P.O. Box Number is Not Acceptable) 314 WINDRUSH BLVD #13 INDIAN ROCKS BEACH FL 33785 City Zip Code above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be -- filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees r criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition ☐ Change EMNETT, REBECCA NAME 314 WINDRUSH BLVD #13 STREET ADDRESS ΖIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete ☐ Change ☐ Addition TIT! F NAME STREET ADDRESS CITY-ST-ZIP 71P ☐ Delete Change Addition STREET ADDRESS ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ு சேய்y 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 aid 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 composition 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 and, or on an attachment with an address, with all other like empowered