

**FOR PROFIT CORPORATION - 2002
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 034 ***150.00

DOCUMENT # P97000095070 ✓
1. Entity Name
CHS HOME MTCG SCVE OF BOCA RATON INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23281 LIBERTY BELL TERR
3. Mailing Address 23281 LIBERTY BELL TERR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL
City & State BOCA RATON FL
Zip 33433 **Country** USA

4. FEI Number 65-0802348
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name KURT HALL
Street Address (P.O. Box Number is Not Acceptable) 23281 LIBERTY BELL TERR.
City BOCA RATON **FL** **Zip Code** 33433

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 X [Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/18/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	KURT HALL	23281 LIBERTY BELL TERR	BOCA RATON FL 33433
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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113: 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 on an attachment with an address with all other like empowered.

SIGNATURE X [Signature] PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/18/02 **Daytime Phone #** 561-756-2060