

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108547

Entity Name
CGH COMPUTER SOLUTIONS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90111 004 ***150.00

Principal Place of Business
5000-18 HIGHWAY 17, SUITE 271
ORANGE PARK FL 32073

Mailing Address
5000-18 HIGHWAY 17, SUITE 271
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5000-18 Hwy 17, PMB 271
Suite, Apt. #, etc.

3. Mailing Address
5000-18 Hwy 17, PMB 271
Suite, Apt. #, etc.

City & State
ORANGE PARK, FL
Zip
32073

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ORANGE PARK, FL
Zip
32073

4. FEI Number 59-3484027
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, CHRISTINE G PMB
5000-18 HIGHWAY 17, SUITE 271
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, CHRISTINE G 5000-18 HIGHWAY 17, SUITE 271 ORANGE PARK FL 32073-8230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUFFMAN, ROBERT J 5000-18 HIGHWAY 17 STE 271 ORANGE PARK FL 32073-8230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: Robert J. Huffman ROBERT J. HUFFMAN 1-10-00 904-278-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)