

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 21 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003652

1. Entity Name

CH Customer Service, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12800 University Drive

3. Mailing Address
PO Box 60035

Suite, Apt. #, etc.
Suite 240

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number 65-0806213

Applied For
Not Applicable

Zip
33907

Country

Zip
33906

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Bolanos Truxton, PA

Street Address (P.O. Box Number is Not Acceptable)

12800 University Drive, Suite 340

City Fort Myers

FL

Zip Code
33907

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gary S. Truxton

3/25/03

Signature, typed or printed name of registered agent, etc. if applicable.

(NOTE: Registered Agent signature required when (un)stating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME Buigas, OJ
STREET ADDRESS 12800 University Drive, Suite 240
CITY-ST-ZIP Fort Myers, FL 33907

TITLE P/S/T
NAME Baum, Howard
STREET ADDRESS 12800 University Drive, Suite 240
CITY-ST-ZIP Fort Myers, FL 33907

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OJ Buigas, Director

2-20-03

2395909066

Date

Daytime Phone #

CR2E034B (12/02)

js 4/2/03