

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90218 036 \*\*\*150.00

**DOCUMENT # P98000017676**  
 1. Entity Name  
**C.R.H. INC.**

Principal Place of Business      Mailing Address  
**8688 OSPREY LANE**      **PO BOX 56071**  
**JACKSONVILLE FL 32217**      **JACKSONVILLE FL 32241**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**6653 POWERS AV. #4**      **PO BOX 56071**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**4**  
 City & State      City & State  
**JAX**      **JAX. FL.**  
 Zip      Country      Zip      Country  
**32217**      **DUVAL**      **32241**      **US**

4. FEI Number      Applied For  
**59-3494381**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**HOUCK, CHARLES R JR**      **HOUCK, CHARLES R. JR.**  
**8688 OSPREY LANE**      **4431 COLEMAN RD. S.**  
**JACKSONVILLE FL 32217**      **4431 COLEMAN RD. S.**  
 City      State      Zip Code  
**JACKSONVILLE**      **FL**      **32241**

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 *[Signature]*      DATE **3/27/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VP</b>	NAME <b>SHEA, JANIS J</b>	TITLE <b>PRB.</b>	NAME <b>← DELETE CHAS. R. HOUCK JR</b>
STREET ADDRESS <b>8688 OSPREY LN</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32217</b>	STREET ADDRESS <b>4431 COLEMAN Rd S.</b>	CITY-ST-ZIP <b>JAX FL 32257</b>
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<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: *[Signature]*      **CHARLES R. HOUCK**      DATE **3/7/01**      DAYTIME PHONE # **(904) 730-3050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)