

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
 JACKSONVILLE FL 32217**

**PO BOX 56071
 JACKSONVILLE FL 32241**

2. Principal Place of Business

6653 POWERS AV. #11

3. Mailing Address

PO BOX 56071

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

JAX

City & State

JAX. FL.

Zip

32217

Country

DUVAL

Zip

32241

Country

US

4. FEI Number

59-3494381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOUCK, CHARLES R JR
 8688 OSPREY LANE
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

HOUCK, CHARLES R. JR.

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

4431 COLEMAN RD. S.

4431 COLEMAN RD. S.

City

JACKSONVILLE

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 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

TITLE **VP**
 NAME **SHEA, JANIS J**
 STREET ADDRESS **8688 OSPREY LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.**
 NAME **← DELETE CHAS. R. HOUCK JR.**
 STREET ADDRESS **4431 COLEMAN Rd S.**
 CITY-ST-ZIP **JAX FL 32257**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

CHARLES R. HOUCK

3/7/01

(904) 730-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)