

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000030713

Entity Name
CHUCK GINSBURG, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
STEVENSON DRIVE
FL 33326

Mailing Address
562 STEVENSON DRIVE
WESTON FL 33326
US



Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

3/21/00 960911027 \$150.00

4. FEI Number **65-0831707**

Applied For ☐ Not Applicable ☐

6. Name and Address of Current Registered Agent

GIROSBURG, CARRIE M
562 STOVEMONT DRIVE
WESTON FL 33326

→ GINSBURG, CHARLES M
→ STONEMONT

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **3/30/00**

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST ZIP	<p><input type="checkbox"/> Delete</p> <p>P GINSBURG, CHARLES M 318 INDIAN TRACE WESTON FL 33326</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
	<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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	<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	

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: **3/16/00 954-647-4170**

CR2E034 (9/99)

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Chuck Ginsburg
562 Stonemont Drive
Weston, FL 33326

July 19, 2000

Florida Department of State
Reinstatements Department
P.O. Box 6327
Tallahassee, FL 32314

Subject: CHUCK GINSBURG, INC.

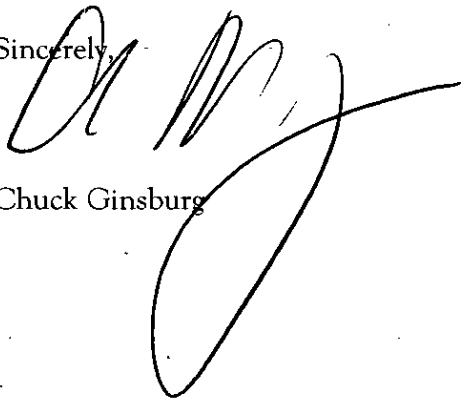
Dear Reinstatements Department:

As I discussed with Kathy Ashton, please find enclosed a copy of my records that show payment and signed documentation reflecting the filing of the annual Uniform Business Report form. There was no change in the registered agent other than your typographical errors. When I was notified by the Reinstatement Dept. that a signature was required anyways, I signed it and returned it on 3/30/00. Your office has obviously not received it. I have resigned my copy of the form to give you an original signature and new date. Please adjust your records accordingly and send me an immediate confirmation to this effect.

If you have any questions, please feel free to contact me at 954-475-1278.

Sincerely,

Chuck Ginsburg

A large, stylized handwritten signature in black ink, likely belonging to Chuck Ginsburg, written over the printed name.