

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083290

1. Entity Name

CHILDRESS COMPANIES, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90030 039 ***150.00

Principal Place of Business

Mailing Address

4808 NORTH MANHATTAN AVENUE
TAMPA FL 33614

4808 NORTH MANHATTAN AVENUE
TAMPA FL 33614

925763

2. Principal Place of Business

4410 W. South Avenue

3. Mailing Address

4410 W. South Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

59-3531809

Applied For

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

CHILDRESS, ROBERT
4808 NORTH MANHATTAN AVENUE
TAMPA FL 33614

Name

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

4410 W. South Avenue

City

Tampa

FL

Zip Code

33614

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 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, 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 ☐ Delete
NAME D
STREET ADDRESS CHILDRESS, ROBERT
CITY-ST-ZIP 4808 NORTH MANHATTAN AVENUE
TAMPA FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4410 W. South Avenue
CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 prepare 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01

813)877-2466

Date

Daytime Phone #

CR2E034 (10/00)