

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093116

1. Entity Name

C H M III REALTY SERVICES, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90005 007 ***150.00

Principal Place of Business

Mailing Address

28050 U.S. HIGHWAY 19 NORTH SUTIE 208
CLEARWATER FL 33761

28050 U.S. HIGHWAY 19 NORTH SUTIE 208
CLEARWATER FL 33761-2627

00012014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

City & State

4. FEI Number

59-3544096

Applied For

Not Applied For

Zip

Country

Zip

Country

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

LOVE, LOUANNE S PA
24050 US 19 N
STE 205
CLEARWATER FL 33761

Name

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

City

FL

Zip Code

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

Louanne S. Love
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-19-00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
MONROE, CHARLES H III
28050 U.S. HIGHWAY 19 NORTH SUTIE 208
CLEARWATER FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President ☐ Change ☒ Addition
Ira S. Waitz
28050 U.S. 19 N Ste 205
Clearwater Fl 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Ira S. Waitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 727-669-5412