

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000001622**

1. Entity Name

C & H ENTERPRISES, INC.**FILED****Apr 12, 2000 8:00 am**
Secretary of State

04-12-2000 90180 022 ***150.00

Principal Place of Business

Mailing Address

**856 SCALLOP COURT
#120
FORT WALTON BEACH FL 32548****856 SCALLOP COURT
#120
FORT WALTON BEACH FL 32548-6018**

2. Principal Place of Business

3. Mailing Address

320 OLD HWY. 98**320 OLD HWY. 98**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#113**#113**

City & State,

City & State,

DESTIN, FL**DESTIN, FL**

Zip

Zip

Country

Country

32541**32541**

4. FEI Number

Applied For

59-3551291

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

NABEL BUSINESS SERVICES, INC.

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

50 CIRCLE DRIVE

City

FT. WALTON BEACH

FL

Zip Code

32547

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 **Crespin D. Nabel, President, Nabel Business Services, Inc.** 3/24/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BEASLEY, HOLLIS R
856 SCALLOP COURT
FORT WALTON BEACH FL 32548**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**24 MARCH 2000** **850-863-3333**

Date

Daytime Phone #

CR29034 (9/99)