

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067203

1. Entity Name

C & H REPORTING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90124 004 ***150.00

Principal Place of Business

4370 CYNTHIA TERRACE
NORTH PORT FL 34286

Mailing Address

4370 CYNTHIA TERRACE
NORTH PORT FL 34286-7633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

59-3564693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E
2141 SOUTH TAMiami TRAIL
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Heidi L. Hutson

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

4370 Cynthia Terrace

City

North Port

FL

Zip Code

34286

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

Heidi L. Hutson President Heidi L. Hutson 4/18/00

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HUTSON, HEIDI L
STREET ADDRESS 4370 CYNTHIA TERRACE
CITY-ST-ZIP NORTH PORT FL 34286

TITLE D ☐ Delete
NAME HUTSON, CARL L
STREET ADDRESS 4370 CYNTHIA TERRACE
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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:

Heidi L. Hutson President Heidi L. Hutson 4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

941-423-1000

CR2F034 (9/99)