

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91109 023 ***150.00

0620235

DOCUMENT # P99000068831

1. Entity Name
CHISHOLM HOLDING COMPANY

| | |
|---|---|
| Principal Place of Business 2227 B 28TH ST. N. ST. PETERSBURG FL 33713 | Mailing Address 2227 B 28TH ST. N. ST. PETERSBURG FL 33713 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 2643 22nd Ave N. Suite, Apt. #, etc. | 3. Mailing Address 2643 22nd Ave N. Suite, Apt. #, etc. |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|------------------------------------|--|
| City & State St. Petersburg, FL | City & State St. Petersburg, FL | 4. FEI Number 59-3588482 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33713 | Country Pinellas | Zip 33713 | Country Pinellas |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent CHISHOLM, MARK R 2227 B 28TH ST N SAINT PETERSBURG FL 33713 | | 7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$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 | P CHISHOLM, MARK R 22278 28TH ST N SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Chisholm, Mark R. 2643 22nd Ave N. St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHISHOLM, KATRINA E 22278 28TH ST N SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change VP/S Chisholm, Katrina E. 2643 22nd Ave N. St. Petersburg FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Mark R. Chisholm **727 323 1444**
 _____ **4/27/01** **323 1444**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)