2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2003 8:00 am

DOCUMENT # P99000072012 1. Entity Name CHS ENTERPRISES, INC.					02-24-2003 90191 014 ***150.00		
9865 WEST SAMPLE RD 986		Mailing Address 9865 WEST SAMPLE RD CORAL SPRINGS FL 33065			I H eriab a din kenda jaan portu ookk bolki o	n ski k orije ka r ik ob lok kirije k	 1 1 1 1
2. Principal Place of Business 3. N		Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0943196 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additions	
6. Name and Address of Current Registered Agent					7. Name and Address of New Register		
224772724				-		72 rigone	
SCARBOROUGH, CINDY 9865 WEST SAMPLE ROAD CORAL EDINGS EL CORA			Street A	et Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33065					.		
8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.				FL Zip Code			
the obliga	e named entity submits this statement for the ations of registered agent.	purpose of changing its r	egistered office o	r registered	d agent, or both, in the State of Florida. I a	m familiar with, and a	ccept
SIGNATURE	Signature, typed or printed name of registered agent and tit	la il conlicoble					
ļ	<u></u>	e ii applicable. (NOTE:	Registered Agent signal	ture required wh	hen reinstating) DAT	ā	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 Mag	y Be
10. OFFICERS AND DIRECTORS 11.			11.	,,,,,	ADDITIONS/CHANGES TO OFFICERS A	ND DIDCOTORO IN A	
TITLE	PD	☐ Delete	TITLE	Γ	A STATE OF THE PROPERTY AND THE PROPERTY		Addition
NAME STREET ADDRESS	SCARBOROUGH, CINDY 9865 WEST SAMPLE RD		NAME STREET ADDRESS			∟ change ∟ A	NOCKIIDII
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME	1		Change A	Addition
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NAME Street address			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ĺ
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NAME			NAME			☐ Change ☐ Ad	ldition
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TITLE NAME		☐ Delete	TITLE			☐ Change ☐ Adi	dition
STREET ADDRESS			NAME STREET ADDRESS				
l l			L OTHER WOODESS				,

12. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP