2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Jul 17, 2003 8:00 am Secretary of State				
DOCUMENT # P9900082036 NOVANO 1. Entity Name						ļ		•			
1. Entity Nam	ne		,	W /		İ	07-17-2003 9	90036 04:	5 ***150.0	00	
C & H CONSULTANTS, INC.											
,	e of Business		Mailing Address]					
1050-SWEETWATER CLUB-BLVD. LONGWOOD FL 32778-			1050 SWEETWATER GLUB BLVD: LONGWOOD FL-22779								
LOHOHOOD	L UZITO		Carolinoop 12 serial					i adalı ediği el	 1886 188 1 1 888	111 1. 9 111 (81 1	
	-	 		·							
	Place of Busines	A	3. Mailing Address P. O. Bay 155/			}					
9049 Laurel Ridge Drive Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
							☐ CHECK HERE	IF MAKING	CHANGES		
City & Stat		FL	City & State Mt - Dora	, FL		4. FEI Nui	mber 59-3599848			plied For ot Applicable	
Zip 3275	- 1	Country	Zip 3 21 5 6	Country		5. Certific	ate of Status Desired		\$8.75 Add Fee Require		
<u> </u>		Lake nd Address of Current R		- ucc		7. Name a	and Address of New R				
Name Ga						~~	Hamman and				
HAMMOND, GARY Street AG							Hammond Ther is Not Acceptable) ,	7.		
1990 SMEETIWATEH CEUB BEAU 90						9 1	autel Ri	age_	₽L.		
LONGWOOD FL 32779							· · · · · · · · · · · · · · · · · · ·				
v.t.		City	Mt.	- Dar	·a	FL	Zip Code	57			
8. The above	named entity s tions of register	submits this statement for t	the purpose of changing its	registered office	or register	ed agent, or	both, in the State of Flo	rida. I am f	amiliar with,	and accept	
mejooligat	tions or register	eo egent.	V .								
SIGNATURE Signature (typed or printed name of egystered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE											
			utile il applicable.	C. Hegistered Agent sign	aldra reduilad	whole letterating,	<u> </u>		··		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						9.	Election Campaign Fin Trust Fund Contribution			0 May Be to Fees	
10.		OFFICERS AND D	IRECTORS	11.		ADDITIO	NS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
	PD	CADV	□ Oci€ te	TITLE	VP	D	Callins		☐ Change	Addition	
NAME STREET ADDRESS	HAMMOND,	GART FWATER CLUB BLVD.		NAME STREET ADDRESS	11/18	5 OAK	Collins ESHADE N	OR			
CITY-ST-ZIP	LONGWOOD			CITY-ST-ZIP			FIA 3275				
TITLE	-	Z	□ Delete	TITLE	PD	_ '			☐ Change	Addition	
NAME				NAME	Han	ומסתות	d, Gary ovel Ridge	.			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	107		rel Ridge	Dr.			
TITLE			☐ Delete	TITLE	177	. Dora	, <u>-</u> 5 -	15/	☐ Change	Addition	
NAME				NAME	ł						
STREET ADDRESS		n and the second of the contract of the contra	age of the second	STREET ADDRESS		~~~	e e e e e e e e e e e e e e e e e e e	. ـــ - ــــــ			
CITY-ST-ZIP	<u> </u>	 		CITY-ST-ZIP	 				☐ Change	Addition	
NAME			☐ Delete	TITLE NAMÉ	ł				☐ Change	L Addition	
STREET ADDRESS	ĺ			STREET ADDRESS						ľ	
CITY-ST-ZIP				CITY-ST-ZIP	 	·					
TITLE		•	☐ Delete .	TITLE					☐ Change	Addition (
NAME STREET ADDRESS	}	•		NAME Street address						j	
CITY-ST-ZIP				CITY-ST-ZIP	\perp			_			
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS						ļ	
CITY-ST-ZIP	}	**		CITY-ST-ZIP						ł	
12. I hereby o	certify that the in	nformation supplied with the	nis filing does not qualify for	r the exemption st	ated in Sec	ction 119.07	(3)(i). Florida Statutes. I	further cert	ify that the in	nformation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: