## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # 89900106474

1. Entity Name

C. P. HS, INC



## FILED Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90165 030 \*\*\*150.00

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Suite, Apt	#, etc.	<b>~</b> a	Suite, Apt. #, et	c.	•	DO NOT WRIT	E IN THIS SPA	ACE .	
LAND IN	300 T	COLLEGE VICE							
City & Sta		~ 1	City & State	16	1	4. FEI Number		Applied For	
trien	N V	mon Ha	winter		n Ila	65-0970119		Not Applicable	
3388	1	Country	33881		untry ルSA	5. Certificate of Status Desired	Fee	3.75 Additional e Required	
	Bertinani da marini be Antigana	Lan Ser Levels Landware (17 Colonia)				7. Name and Address of Current	Registered A	gent	
					Name Charolas R Pitts Sc				
DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)				
									winter
8. The above	e named entit	y submits this statement for	the purpose of chan	nging its regist	ered office or register	red agent, or both, in the State of Flo	rida. I am fami	iliar with, and accept	
the obliga	tions of regis	tered agent.							
1									
SIGNATURE	Signature typed	or printed name of registered agent a	nd title if applicable	(NOTE: Registe	ered Agent signature required	d when reinstating)	DATE		
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After May 1, Fee is \$550.00									
						9. Election Campaign Fina	·	\$5.00 May Be	
	Amended	1, Fee is \$550,00 I UBR is \$61.25				Election Campaign Final     Trust Fund Contribution	·	\$5.00 May Be . Added to Fees	
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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 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY: ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

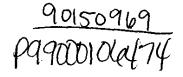
8-10-03

863-401-370S

Daytime Phone #



2830 S. LAKE DEER DR. WINTER HAVEN, FL. 33881 PH# (863) 401-3708



August 10,2003

To whom it may concern, I never received a uniform business report back at the beginning of the year to file nor did I receive a second notice. I did request one through sunbiz on the Internet and have received that and am now sending it with my letter along with \$150.00 check and hope that the late fee will be waived due to not receiving the report to file if there is any problem with that amount please contact me as soon as possible thank you very much

President Charles B Pitts