

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90240 041 ***550.00

DOCUMENT # S35842

1. Entity Name
CHC INDUSTRIES, INC.

Principal Place of Business

P. O. BOX 9100
 PALM HARBOR FL 34682

Mailing Address

P. O. BOX 9100
 PALM HARBOR FL 34682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-0427355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUEN, JOHN H., JR.
3055 RUEN DRIVE
PALM HARBOR FL 34685

Name **JOHN ROBY**
 Street Address (P.O. Box Number is Not Acceptable)
3055 RUEN DRIVE
 City **PALM HARBOR** **FL** Zip Code **34685**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *John Roby*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **ALPERT, BARRY**
 STREET ADDRESS **3055 RUEN DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROHN HARMER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SNYDER, RICHARD**
 STREET ADDRESS **3055 RUEN DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **PALOMBO, ANTHONY**
 STREET ADDRESS **3055 RUEN DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **MELE, DENNIS A**
 STREET ADDRESS **3055 RUEN DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **JOHN ROBY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **RUEN, RICHARD W., SR.**
 STREET ADDRESS **3055 RUEN DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WOLF, JOHN W.**
 STREET ADDRESS **3055 RUEN DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

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: *Anthony Palombo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-02

Date

787 783-3000

Daytime Phone #

CR2E034 (4/02)