

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S37487

1. Entity Name

CHUCK HITTLE REFINISHING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90086 026 ***150.00

Principal Place of Business

240 N PLK DR
SARASOTA FL 34236

Mailing Address

240 N PLK DR
SARASOTA FL 34236-1215

2. Principal Place of Business

127 W. FAIRBANK AVE.

Suite, Apt. #, etc.

PMB 404

City & State

WINTER PARK, FL

Zip

32789-4326

Country

3. Mailing Address

127 W. FAIRBANK AVE.

Suite, Apt. #, etc.

PMB 404

City & State

WINTER PARK, FL

Zip

32789-4326

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0245478

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

HITTLE, JO ELLEN
240 N. POLK DR.
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

127 W. FAIRBANK AVE.

PMB 404

City

WINTER PARK

FL

Zip Code

32789-4326

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

JO ELLEN HITTLE

4/8/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS HITTLE, CHARLES W.
CITY-ST-ZIP 240 N POLK DR
SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME 127 W. FAIRBANK AVE. PMB 404
STREET ADDRESS WINTER PARK, FL 32789-4326
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HITTLE, JO E
CITY-ST-ZIP 240 N. POLK DR.
SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME 127 W. FAIRBANK AVE. PMB 404
STREET ADDRESS WINTER PARK, FL 32789-4326
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES H. HITTLE

4/8/00

407-691-0061

Daytime Phone #

CR2E034 (9/99)