

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41904

1. Entity Name

CHUCK HOWARTH & ASSOCIATES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90047 039 ***150.00

Principal Place of Business

Mailing Address

9385 N 56TH ST STE 201
TEMPLE TERRACE FL 33617
US

5409 MARYLAND WAY
310
BRENTWOOD TN 37027-5068
US

2. Principal Place of Business

5409 MARYLAND WAY

3. Mailing Address

Suite, Apt. #, etc.

310

City & State
BRENTWOOD TN

City & State

Zip Country
37027-5068 US

Zip

Country

4. FEI Number 59-3131039

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

GROSE, DOUGLAS L.
112 SOUTH ARMENIA AVENUE
TAMPA FL 33609

Name

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

City

FL

Zip Code

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

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 \$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 P
NAME HOWARTH, CHARLES W
STREET ADDRESS 1572 WOODBURY CT
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME HOWARTH, ANN
STREET ADDRESS 1572 WOODBURY CT
CITY-ST-ZIP BRENTWOOD TN 37027

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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

3/5/00

Date

615-376-9810

Daytime Phone #

CR2E034 (9/99)