

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90351 047 ***150.00

DOCUMENT # V41904

1. Entity Name

CHUCK HOWARTH & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**5409 MARYLAND WAY
 #310
 BRENTWOOD TN 37027-5068
 US**

**5409 MARYLAND WAY
 310
 BRENTWOOD TN 37027
 US**

2. Principal Place of Business

137 THIRD AVENUE NORTH

3. Mailing Address

137 THIRD AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRANKLIN, TN

City & State

FRANKLIN TN

4. FEI Number

59-3131039

Applied For

Not Applicable

Zip

Country

37064

USA

Zip

Country

37064

USA

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)

2102 WEST CLEVELAND STREET

City

TAMPA

FL

33606

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)

X

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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** ☐ Delete
 NAME **HOWARTH, CHARLES W**
 STREET ADDRESS **1572 WOODBURY CT**
 CITY-ST-ZIP **BRENTWOOD TN 37027**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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

Date

Daytime Phone #

CR2E034 (10/00)