2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

May 29, 2001 8:00 am Secretary of State **DOCUMENT # 541795** 1. Entity Name 05-29-2001 90010 038 ***550.00 H & H BUILDERS, INC. Principal Place of Business Mailing Address 6921 VICKIE CIRCLE 6921 VICKIE CIRCLE W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-1753610 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARY_B_ FRESE FALLACE, JAMES H Street Address (P.O. Box Number is Not Acceptable) 1900 S HICKORY STREET 930 S. Harbor City Blvd., Suite 505 MELBOURNE FL 32901 Zip Code 3290] City **Melbourne** 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE (NOT Registered Agent's (nature required when reinstating) nted name registered agent and title if applicable. FILE NOW! 1 FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition TITLE Change 🔀 Delete TITLE HOWARD, GEORGE A NAME NAME STREET ADDRESS 6000 TECHNOLOGY DRIVE STREET ADDRESS W MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE DITLE HOWARD, MICHAEL F NAME 6000 TECHNOLOGY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W MELBOURNE FL CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. Thereby certify that the information supplied with this filling does not qualify to 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 it is signature shall have the same legal effect as if made under oath; that I am an officer or director of the corroration or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED