

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90080 017 \*\*\*150.00

01133333

**DOCUMENT # 541795**

1. Entity Name  
**H & H BUILDERS, INC.**

Principal Place of Business <b>6921 VICKIE CIRCLE          W. MELBOURNE FL 32904</b>	Mailing Address <b>6921 VICKIE CIRCLE          W. MELBOURNE FL 32904</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>121 E. Hibiscus Blvd.</b>	3. Mailing Address <b>121 E. Hibiscus Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MELBOURNE, FL</b>	City & State <b>MELBOURNE, FL</b>	4. FEI Number <b>59-1753610</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32901</b>	Country	Zip <b>32901</b>	Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FRESE, GARY B**  
**930 S HARBOR CITY BLVD STE 505**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE <b>PT</b>	<input type="checkbox"/> Delete
NAME <b>HOWARD, MICHAEL F</b>	
STREET ADDRESS <b>6000 TECHNOLOGY DRIVE</b>	
CITY-ST-ZIP <b>W MELBOURNE FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>121 E. Hibiscus Blvd.</b>	
CITY-ST-ZIP <b>MELBOURNE, FL 32901</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SIGNATURE REQUIRED** **X/1/25/02**

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/01)