

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 633798

1. Entity Name

H & H CARPENTRY, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90073 008 ***150.00

Principal Place of Business

1302 W CANAL RD
NEW SMYRNA BCH. FL 32168
US

Mailing Address

1302 W CANAL RD
NEW SMYRNA BCH. FL 32168
US

2. Principal Place of Business

1302 W. Canal Street

Suite, Apt. #, etc.

3. Mailing Address

1302 W. Canal Street

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1938375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HITCHNER, HOWELL JR
1302 W CANAL RD
NEW SMYRNA BCH. FL 32168

Name

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

1302 W. Canal Street

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	HITCHNER, HOWELL JR	1302 W CANAL RD NEW SMYRNA BCH. FL 32168			1302 W. Canal Street	
	S	HITCHNER, LORI A.	1302 W CANAL RD NEW SMYRNA BCH. FL 32168			1302 W. Canal Street	
	D	HITCHNER, EDWARD	1302 W CANAL RD NEW SMYRNA BEACH FL 32168			1302 W. Canal Street	

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:

Howell Hitchner, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howell Hitchner, Jr. 2/27/01

Date (386) 426-0542 Daytime Phone #

CR2E034 (10/00)