

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90193 030 ***150.00

37337



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000052701			
1. Entity Name H H & S INVESTMENTS OF CLERMONT, INC.			
Principal Place of Business 1748 BOWMAN ST CLERMONT FL 34711		Mailing Address 1748 BOWMAN ST CLERMONT FL 34711	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3734476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HART, JEFFREY A 1748 BOWMAN ST CLERMONT FL 34711		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME STEWART, BRUCE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22433 STRAW FLOWER DR	CITY-ST-ZIP ASTATULA FL 34705	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME HART, JEFFREY A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1748 BOWMAN ST	CITY-ST-ZIP CLERMONT FL 34711	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME HART, BRUNESE A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1780 TWELFTH ST	CITY-ST-ZIP CLERMONT FL 34711	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	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: <i>Jeffrey A. Hart</i> Jeffrey A. Hart		Date 04-08-2002 Daytime Phone # (352) 394-6035	

CR2E034 (9/01)