

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-23-2002 90143 039 ***150.00

DOCUMENT # 276803

1. Entity Name
H AND N INVESTMENTS, INC.

Principal Place of Business
5128 SOUTH 36TH AVENUE
TAMPA FL 33619

Mailing Address
5128 SOUTH 36TH AVENUE
TAMPA FL 33619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1846 Augusta Dr, West

Mobile, AL

36695

US

4. FEI Number

59-1031312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WINGARD, HELEN C.
1558 LONG POND DR
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

1846 Augusta Dr, West
5128 S. 36th Ave
Tampa FL 33619

City

Mobile, AL

Zip Code

36695

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

Helen C Wingard

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, 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	VDS	<input type="checkbox"/> Delete
NAME	SCOTT, NATHAN L JR.	
STREET ADDRESS	4805 W. MILEY ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	PO	<input type="checkbox"/> Delete
NAME	WINGARD, HELEN C	
STREET ADDRESS	1558 LONG POND DRIVE	
CITY-ST-ZIP	VALRICO FL	
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	5128 S. 36th Ave	
CITY-ST-ZIP	Tampa FL 33619	
TITLE	5128 S. 36th Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tampa FL 33619	
STREET ADDRESS	1846 Augusta Dr, West	
CITY-ST-ZIP	Mobile, AL 36695	
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:

Helen C Wingard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 251-776-7068

Date

Daytime Phone #

CR2E034 (9/01)