

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 283692

1. Entity Name

H & H ROOFING COMPANY

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90025 008 \*\*\*150.00

Principal Place of Business 229 N YONGE STREET ORMOND BEACH FL 32174		Mailing Address P O BOX 407 ORMOND BEACH FL 32174-5541 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 247 N Yonge Street Suite, Apt. #, etc.	
City & State		City & State Ormond Beach, FL	
Zip	Country	Zip	Country
32174-5541			
6. Name and Address of Current Registered Agent HUDSON, SR. LEWIS V. 4 TIMBER TRAIL ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1057325 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2000 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 V  
NAME HUGHES, CHARLES E  
STREET ADDRESS 118 DAWN DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 00000 ☐ Delete

TITLE PD  
NAME HUDSON, LEWIS V.  
STREET ADDRESS 4 TIMBER TRAIL  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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: Charles E. Hughes 1/6/00 (904) 677-8351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #