

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 283692

1. Entity Name  
H & H ROOFING COMPANY

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90140 027 \*\*\*150.00

Principal Place of Business 229 N YONGE STREET ORMOND BEACH FLA 32174	Mailing Address 247 N. YONGE ST ORMOND BEACH FL 32174-5541 US
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2. Principal Place of Business	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-1057325	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUDSON, SR. LEWIS V. 4 TIMBER TRAIL ORMOND BEACH FL 32174
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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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Delete HUGHES, CHARLES E 118 DAWN DRIVE ORMOND BEACH, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Delete HUDSON, LEWIS V. 4 TIMBER TRAIL ORMOND BEACH FL
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 NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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* Charles E. Hughes 01/30/01 (904) 677-8351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)