

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90318 014 ***150.00

DOCUMENT # 283692

1. Entity Name
H & H ROOFING COMPANY



Principal Place of Business
**229 N YONGE STREET
ORMOND BEACH FL 32174**

Mailing Address
**247 N. YONGE ST
ORMOND BEACH FL 32174-5541
US**

2. Principal Place of Business

4 Timber TR.

Suite, Apt. #, etc.

3. Mailing Address

4 Timber TR.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Ormond Bch FL

City & State
Ormond Bch FL

4. FEI Number
59-1057325

Applied For
☐ Not Applicable

Zip
32174

Country
FLORIDA

Zip
32174

Country
FLORIDA

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

**HUDSON, SR. LEWIS V.
4 TIMBER TRAIL
ORMOND BEACH FL 32174**

Name
Lewis V. Hudson SR
Street Address (P.O. Box Number is Not Acceptable)

4 Timber TR.
City **Ormond Bch** **FL** Zip Code **32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4-16-03** **386-677-6265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)