

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90215 025 ***150.00

DOCUMENT # 310024



1. Entity Name
F & H OFFICE MACHINES CORPORATION

Principal Place of Business
**2870 UNIVERSITY BLVD. W
SUITE 204
JACKSONVILLE FL 32217
US**

Mailing Address
**2870 UNIVERSITY BLVD. W
SUITE 204
JACKSONVILLE FL 32217
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1150940**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WARD, JAMES R.
6840 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217**

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

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

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD CONNELL, LEONARD L.	<input type="checkbox"/>
STREET ADDRESS	6751 GOLFVIEW ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	VPST CONNELL, ROBERTA L.	<input type="checkbox"/>
STREET ADDRESS	6751 GOLFVIEW ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	17070 Wells Rd		
CITY-ST-ZIP	JAX FL 32234		
TITLE NAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	17070 Wells Rd		
CITY-ST-ZIP	Jax, FL 32234		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: *Leonard L. Connell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Feb. 12, 2003
Date Daytime Phone #