

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90013 030 ***150.00

DOCUMENT # 477092

1. Entity Name
BHK, INCORPORATED

Principal Place of Business

1324 S. MAIN STREET
BELLE GLADE FL 33430
US

Mailing Address

1234 S. MAIN STREET
BELLE GLADE FL 33430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1639509

Applied For

Not Applicable

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

HILL, HOWARD E
1324 E MAIN ST
BELLE GLADE FL 33430

Name: CALVIN D. ALSTON

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

1324 S. MAIN ST

City: Belle Glade, FL

FL

Zip Code 33430

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: *Calvin D. Alston*
Signature, typed or printed name of registered agent and title if applicable.

CALVIN D. ALSTON V.P.

3-19-01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SD ☒ Delete
NAME: KIDDER, BETTY
STREET ADDRESS: 1170 SUGAR SANDS BLVD
CITY-ST-ZIP: RIVERA BCH, FL 00000

TITLE: V.P., D ☐ Change ☒ Addition
NAME: CALVIN D. ALSTON
STREET ADDRESS: 1324 S. MAIN ST
CITY-ST-ZIP: Belle Glade, FL 33430

TITLE: PD ☐ Delete
NAME: HILL, HOWARD
STREET ADDRESS: 1324 S MAIN ST
CITY-ST-ZIP: BELLE GLADE FL

TITLE: S ☐ Change ☒ Addition
NAME: Mona L. Miller
STREET ADDRESS: 1324 S. MAIN ST
CITY-ST-ZIP: Belle Glade, FL 33430

TITLE: DV ☒ Delete
NAME: HILL, WILLIAM
STREET ADDRESS: 331 SE AVE H
CITY-ST-ZIP: BELLE GLADE, FL 00000

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

TITLE: VD ☒ Delete
NAME: HILL, MAVIS
STREET ADDRESS: 331 S.E. AVENUE H
CITY-ST-ZIP: BELLE GLADE FL

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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: *Howard E Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

561-996-4524

Daytime Phone #

CR2E034 (10/00)