FILED Mar 19, 2003 8:00 am & Secretary of State 03-19-2003 90182 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

599995 **DOCUMENT #**

1. Entity Name

H AND P ENTERPRISES, INC.



Principal Place of Business 955 25TH STREET WEST PALM BEACH FL 33407 US		Mailing Address 955 25TH STREET WEST PALM BEACH FL 33407 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-1882813 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	
HONCHAR,			Street Addre	ess (P.O. Box Number is Not Acceptable)
955 25TH ST				
WEST PALM BCH FL 33407				
			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, 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 Trust Fund Contribution.
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	P	☐ Defete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	HONCHAR, ROBERT D 955 25TH STREET WEST PALM BEACH FL		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, and the second se	,—, Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby ce	rtify that the information suspolied wit	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in	☐ Change ☐ Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information

true and accurate and that my graature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE: