

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90008 011 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 660066**

1. Entity Name  
**S & H TOOL, INC.**

Principal Place of Business  
**5720 COLUMBIA CIRCLE**  
**MANGONIA PARK FL 33407**

Mailing Address  
**5720 COLUMBIA CIRCLE**  
**MANGONIA PARK FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1983043**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FETTERMAN, EVAN I**  
**630 US HIGHWAY 1**  
**NORTH PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

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, 2002 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 **PT** ☐ Delete  
 NAME **SEIBERT, DENNIS**  
 STREET ADDRESS **3081 CASA RIO COURT**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **M** ☐ Change ☒ Addition  
 NAME **JON A CRANMER**  
 STREET ADDRESS **3081 CASA RIO CRT**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **S** ☒ Delete  
 NAME **SEIBERT, ROBIN**  
 STREET ADDRESS **505 5TH COURT**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PT** ☒ Change ☐ Addition  
 NAME **DENNIS SEIBERT**  
 STREET ADDRESS **166 PEARL ROAD**  
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**

**4/10/02 561-845-2529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Dennis Seibert DENNIS SEIBERT**

CR2E034 (9/01)