

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706434

1. Entity Name

H & H SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

702 SOUTH WASHBURN AVENUE  
CORONA CA 91720

702 SOUTH WASHBURN AVENUE  
CORONA CA 92882-3354

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

59-0657867

Applied For

Not Applied For

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	HANSON, CALVIN	
STREET ADDRESS	5336 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	
TITLE	P	<input type="checkbox"/> Delete
NAME	COY, ROBERT E. J.D.	
STREET ADDRESS	1916 DANA DRIVE	
CITY-ST-ZIP	ADELPHI MD 20783	
TITLE	C	<input type="checkbox"/> Delete
NAME	SANDEFUR, CHARLES	
STREET ADDRESS	8650 PIONEERS BLVD	
CITY-ST-ZIP	LINCOLN NE 68520	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, O.D.	
STREET ADDRESS	777 EAST 25TH, 316	
CITY-ST-ZIP	HALEAH FL 33013	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRODERSEN, ELLEN H CPA	
STREET ADDRESS	92 N. LIBERTY STREET	
CITY-ST-ZIP	HARRISBURG VA 22801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACOMBER, ROBERT D	
STREET ADDRESS	5408 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 Leason Cove Drive	
CITY-ST-ZIP	Lusby MD 20657	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8317 Water Tower Cr.	
CITY-ST-ZIP	Lincoln NE 68516	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Coy, J.D. Pres. 1/28/2000

909-736-6909

Date

Daytime Phone #

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90050 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE