2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90050 002 ****61.25

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

DO NOT WRITE IN THIS SPACE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANSON, CALVIN 5336 PEACOCK LANE RIVERSIDE CA 92505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COY, ROBERT E. J.D. 1916 DANA DRIVE ADELPHI MD 20783	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 201 Leason Cove Drive Lusby MD 20657	☒ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SANDEFUR, CHARLES 8650 PIONEERS BLVD LINCOLN NE 68520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 8317.Water Tower Cr. Lincoln NE 68516	☒ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, O.D. 777 EAST 25TH, 316 HIALEAH FL 33013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRODERSEN, ELLEN H CPA 92 N. LIBERTY STREET HARRISBURG VA 22801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACOMBER, ROBERT D 5408 PEACOCK LANE RIVERSIDE CA 92505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio

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.

909-736-6909

SIGNATURE: SIGNATURE REQUIRED Robert E. Coy, J.D. Pres. 1/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #