

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706434

1. Entity Name

H & H SUPPORT SERVICES, INC.

Principal Place of Business

702 SOUTH WASHBURN AVENUE  
CORONA CA 91720

Mailing Address

702 SOUTH WASHBURN AVENUE  
CORONA CA 91720

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-0657867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE S  
NAME HANSON, CALVIN  
STREET ADDRESS 5336 PEACOCK LANE  
CITY-ST-ZIP RIVERSIDE CA 92505 ☐ Delete

TITLE P  
NAME COY, ROBERT E. J.D.  
STREET ADDRESS 201 LEASON COVE DRIVE  
CITY-ST-ZIP LUSBY MD 20657 ☐ Delete

TITLE C  
NAME SANDEFUR, CHARLES  
STREET ADDRESS 8317 WATER TOWER CR  
CITY-ST-ZIP LINCOLN NE 68520 ☐ Delete

TITLE D  
NAME ANDERSON, O.D.  
STREET ADDRESS 777 EAST 25TH, 316  
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE T  
NAME BRODERSEN, ELLEN H CPA  
STREET ADDRESS 92 N. LIBERTY STREET  
CITY-ST-ZIP HARRISBURG VA 22801 ☐ Delete

TITLE D  
NAME MACOMBER, ROBERT D  
STREET ADDRESS 5408 PEACOCK LANE  
CITY-ST-ZIP RIVERSIDE CA 92505 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

Robert E. Coy, President

2/27/01

909-736-6909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90013 048 \*\*\*\*61.25

00043033



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)