

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90003 020 ***150.00

DOCUMENT # F65833

1. Entity Name

B & H INDUSTRIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

5845 CORPORATION CIR.
FORT MYERS FL 33905
US

Mailing Address

5845 CORPORATION CIR
FORT MYERS FL 33905-5014
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11840 Metro Pkwy
Suite, Apt. #, etc.

3. Mailing Address

11840 Metro Pkwy
Suite, Apt. #, etc.

City & State

Ft. Myers, FL
Zip 33912 Country

City & State

Ft. Myers, FL
Zip 33912 Country4. FEI Number **59-2180969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HOOVIS, BRUCE A.
6743 HIGHLAND PINE CIR
FORT MYERS FL 33912**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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE PCEO ☐ Delete
NAME HOOVIS, BRUCE A
STREET ADDRESS 8341 ARBORFIELD CT
CITY-ST-ZIP FT MYERS FL 33912TITLE ST ☒ Delete
NAME TERRY MATTHEWS
STREET ADDRESS 5235-10 RED CEDAR DR
CITY-ST-ZIP FORT MYERS FL 33907TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00
Date941-894-5400
Daytime Phone #