## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # F93000004416 May 16, 2000 8:00 am Secretary of State H & H MARKETING, INC. 05-16-2000 90041 033 \*\*\*150.00 Principal Place of Business Mailing Address 17110 US HWY 41 17110 US HWY 41 LUTZ FL 33549-8131 LUTZ FL 33549 US HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1010522 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUBER, RÓBERT H Street Address (P.O. Box Number is Not Acceptable) 14140 ARBOR HILLS ROAD NEW AND DES S 1490 GODFREY AVE TAMPA FL 33625 Zip Code 3 4 60 9 5 ERING 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DS Addition ☐ Delete TITLE HUBER, MIRIAM C NAME 1490 GODFREY AVE NEW ADDRESS STREET ADDRESS 14140 ARBOR HILLS ROAD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33625** CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE HUBER, STEVEN A NAME STREET ADDRESS 1490 CODFREX AVE 14140 ARBOR HILLS ROAD ADDRESS STREET ADDRESS NEW SPRING HILL, FL 34609 Change CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** ☐ Delete HUBER, ROBERT H NAME NAME 1490 GODEREY AVE 14140 ARBOR HILLS ROAD STREET ADDRESS STREET ADDRESS NEW ATORES SPRING HILL, FL 34609 Change CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33625 ☐ Addition ☐ Delete TITLE TITLE NAME

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.

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UP P. ULLE V.P. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

☐ Addition