

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65822

Entity Name
H & S PROFESSIONAL PROPERTIES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90084 028 ***158.75

Principal Place of Business
1823 ATLANTIS PLACE
TALLAHASSEE FL 32303
US

Principal Place of Business
1639 Shell Point Road
Suite, Apt. #, etc.
City & State
Crawfordville, Florida
Zip
32327
Country
USA



DO NOT WRITE IN THIS SPACE

3. Mailing Address
1639 Shell Point Road
Suite, Apt. #, etc.
City & State
Crawfordville, Florida
Zip
32327
Country
USA

4. FEI Number
59-2337122
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DENNARD, HARRY A
1823 ATLANTIS PLACE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1639 Shell Point Road
City
Crawfordville
FL
Zip Code
32327

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

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 State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	DTS DENNARD, HARRY A 1823 ATLANTIS PLACE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) 1639 Shell Point Road Crawfordville, Florida 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	PD DENNARD, SANDRA B. 1823 ATLANTIS PLACE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) 1639 Shell Point Road Crawfordville, Florida 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sandra B. Dennard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
March 6, 2000
Date
850-926-3922
Daytime Phone #

CR2E034 (9/99)