

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52580

1. Entity Name

H & H DESIGN BUILDERS, INC.

Principal Place of Business

PO BOX 668
WINDERMERE FL 34786-0668
US

Mailing Address

PO BOX607
SANFORD FL 32772

2. Principal Place of Business

431 NORTH CAUSEWAY

3. Mailing Address

431 NORTH CAUSEWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

Zip

32169

Country

USA

6. Name and Address of Current Registered Agent

HAYCOCK, DENNIS
819 E. FIRST ST., #4
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name
DENNIS J. HAYCOCK *
Street Address (P.O. Box Number is Not Acceptable)
431 NORTH CAUSEWAY
City
NEW SMYRNA BEACH FL 32169

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.

NOTE: * This is not a new agent - you have spelled his last name incorrectly

It should be (HAYCOCK)

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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYCOCK, DENNIS J.	
STREET ADDRESS	6932 TURTLE MOUND RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAYCOCK, SUZANNE M.	
STREET ADDRESS	6932 TURTLE MOUND RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYCOCK, HAROLD J.	
STREET ADDRESS	6932 TURTLE MOUND RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYCOCK, ANITA (ASST)	
STREET ADDRESS	6932 TURTLE MOUND RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE

Dennis J. Haycock, Pres. 2/27/01

(904) 427-8222

Date

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90024 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)