

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 022 ***150.00

0391016 AV

DOCUMENT # H69863

1. Entity Name
H & G STUDIOS, INC.



Principal Place of Business
**1490 S. MILITARY TRAIL
SUITE #3
WEST PALM BEACH FL 33415
US**

Mailing Address
**1490 S. MILITARY TRAIL
SUITE #3
WEST PALM BEACH FL 33415
US**

2. Principal Place of Business

**6901 W. Okeechobee Blvd
Suite, Apt. #, etc.
Ste D7**

City & State
West Palm Beach FL

Zip Country
33411 USA

3. Mailing Address

**6901 W. Okeechobee Blvd
Suite, Apt. #, etc.
Ste D7**

City & State
West Palm Beach FL

Zip Country
33411 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0010032**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FAIRCLOTH, MICHAEL J
11380 PROSPERITY FARMS RD. #112
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **Orlando Ercolano**
Street Address (P.O. Box Number is Not Acceptable)
**6901 W. Okeechobee Blvd
Ste D7**
City **West Palm Beach FL** Zip Code **33411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Orlando Ercolano, President** 3-28-03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERCOLANO, ORLANDO 1490 S. MILITARY TRAIL #3 WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABRE, RICHARD 11 EDINBNASH DR PALM BEACH FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKHAM, TEDDIE L 1490 S. MILITARY TRAIL #3 WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6901 W. Okeechobee Blvd Ste D7 West Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6901 W. Okeechobee Blvd Ste D7 West Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Orlando Ercolano** 3-28-03 561-616-7384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)