

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90024 001 ***158.75

DOCUMENT # H83111

1. Entity Name
H Q H ENTERPRISES, INC.

Principal Place of Business

~~106 N. TAMiami TRAIL~~
~~OSPNEY FL 34229~~
~~US~~

Mailing Address

~~106 N. TAMiami TR.~~
~~OSPNEY FL 34229~~
~~US~~

2. Principal Place of Business

7166 CAPTAIN KIDD AVE

Suite, Apt. #, etc.

S

3. Mailing Address

7166 CAPTAIN KIDD AVE

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

Zip
34231

Country
USA

Zip
34231

Country
USA

4. FEI Number

59-2599882

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HILLMAN, HAROLD Q., JR.
7166 CAPTAIN KIDD AVE.
SARASOTA FL 34231

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, 2002 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 **DP** ☐ Delete
 NAME **HILLMAN, HAROLD Q., JR.**
 STREET ADDRESS **7166 CAPTAIN KIDD AVE.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DST** ☐ Delete
 NAME **HILLMAN, CONSTANCE J.**
 STREET ADDRESS **7166 CAPTAIN KIDD AVE.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

CONSTANCE HILLMAN 01-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941.922.7752

CR2E034 (9/01)