2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95289 Apr 29, 2000 8:00 am Secretary of State 1. Entity Name H & H TRIM & UPHOLESTRY COMPANY 04-29-2000 90014 031 ***150.00 Principal Place of Business Mailing Address 1925 WHITFIELD PARK LOOP 1925 WHITFIELD PARK LOOP SARASOTA FL 34243-4092 SARASOTA FL 34243 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2627691 Not Applicable _Country **\$8:75**-Additional _ .Zip-.Country_ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALSE, DANE R Street Address (P.O. Box Number is Not Acceptable) 1925 WHITFIELD PARK LOOP SARASOTA FL 34243-1005 Zip Code FL gistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office egistered 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. OCKANIE Addition TITLE ☐ Delete TITLE Change LANEY, SHAROLANN NAME NAME 5656 25TH ST. CIR EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP PD ☐ Change ☐ Addition Delete TITLE TITLE HALSE, DANE R. NAME 5400.26TH ST. W. APT. E-74 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE LANEY, ALEGRIA V NAME NAME 1739 29TH AVE. E. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE JOHNSON, STEEIE NAME NAME 3816 67TH ST CT E STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-7IP CITY-ST-ZiP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **SMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR