## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # J04595** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name H & H INSTRUMENTS, INC. 04-03-2000 90137 002 \*\*\*150.00 Principal Place of Business Mailing Address % JOSEPH HORVATH % JOSEPH HORVATH 4950 CRESCENT TECH CRT. U.S. 1 SO. 4950 CRESCENT TECH CRT. U.S. 1 SO. ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2760224 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORVATH, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4950 CRESCENT TECHNICAL COURT U.S. 1 SO. ST. AUGUSTINE FL 32086 City 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition PD TITLE TITLE ☐ Delete NAME NAME HORVATH, JOSEPH STREET ADDRESS STREET ADDRESS 6920 CYPRESS LAKE COURT CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ■ Addition ☐ Delete Change TITLE TITLE NAME SCHROEDER, DIRK, M STREET ADDRESS STREET ADDRESS 831 RITA CIRCLE CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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:

JOSEPH HORVATH 3-29-00 (904)