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2002 UNIFORM BUSINESS REPORT (UBR)

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Feb 11, 2002 8:00 am J79743 DOCUMENT # **Secretary of State** 1. Entity Name L & H INVESTMENT GROUP, INC. 02-11-2002 90182 029 ***150.00 Principal Place of Business Mailing Address 11912 MANDARIN RD. 4417 BEACH BLVD. JACKSONVILLE FL 32223 STE. 104 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2696281 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHSTEIN, SIMON D Street Address (P.O. Box Number is Not Acceptable) 4417 BEACH BOULEVARD **BROWARD BUILDING SUITE #104** JACKSONVILLE FL 32207 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNTLEY, JAMES L NAME NAME CR2E034 STREET ADDRESS 11912 MANDARIN ROAD STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Change **%LEAGUE BROS. AUTO SLAES** NAME NAME STREET ADDRESS 5749 BLANDONG BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL __ CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE **%LEAGUE BROS, AUTO SLAES** NAME NAME STREET ADDRESS **5749 BLANDING BLVD** STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a madetess, with all other like empowered.

(President)