

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90045 039 ***550.00

DOCUMENT # K63723

1. Entity Name
H & H STRUCTURES, INC.

Principal Place of Business

**516 - 75TH ST
 HOLMES BEACH FL 34217
 US**

Mailing Address

**% RICHARD A. ZACUR
 5200 CENTRAL AVE
 ST PETERSBURG FL 33707-1834**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

27450 SR 64 E

Suite, Apt. #, etc.

City & State

Myakka City, FL

City & State

Zip
34251

Country

USA

Zip

Country

4. FEI Number

65-0100855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ZACUR, RICHARD A.
 5200 CENTRAL AVE
 ST PETERSBURG FL 33733**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HUSS, JAMES E.**
 CITY-ST-ZIP **316 51ST ST NW
 BRADENTON FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **516 - 75th St.**
 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/02 941-322-8700
 Date Daytime Phone #

CR2E034 (4/02)