

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000001380**

1. Entity Name

**H2 INTERNATIONAL LLC****FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90015 023 \*\*\*\*50.00

0011584

Principal Place of Business      Mailing Address  
2007 ILLINOIS STREET N.E.  
ST. PETERSBURG FL 33703      2007 ILLINOIS STREET N.E.  
ST. PETERSBURG FL 33703

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3625178**      ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THE COMPANY CORPORATION**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGRM</b> <b>STAMICH, HENRY M</b> <b>2067 ILLINOIS AVE NE</b> <b>ST PETERSBURG FL 33703</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MGRM</b> <b>FRAZE, HENRY S JR</b> <b>3935 HARRISBOUR ST NE</b> <b>ST PETERSBURG FL 33703</b>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Henry Mure Statched*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*7/7/02*      *727-743-2420*  
Date      Daytime Phone #

CR2E083 (4/02)