

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # L83002**1. Entity Name
FOUR H CONSTRUCTION COMPANY, INC.

Principal Place of Business 2115 JONATHAN LANE, S.E. WINTER HAVEN FL 338843100	Mailing Address 2115 JONATHAN LANE, S.E. WINTER HAVEN FL 338843100
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3024280Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEATH, WARREN K., II
2115 JONATHAN LANE, S.E.**WINTER HAVEN**
338843100

FL

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.

SIGNATURE _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	ST	<input type="checkbox"/> Delete
NAME	HEATH, PAMELA S.	
STREET ADDRESS	2115 JONATHAN LANE, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 338843100	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, PAMELA S.	
STREET ADDRESS	2115 JONATHAN LANE, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 338843100	

TITLE	P	<input type="checkbox"/> Delete
NAME	HEATH, WARREN, II	
STREET ADDRESS	2115 JONATHAN LANE, S.E.	
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NAME	HEATH, WARREN, II	
STREET ADDRESS	2115 JONATHAN LANE, S.E.	
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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: **Pamela S. Heath**

ST

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)