

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

L99000008616

1. Entity Name

H & W HOLDING LTD. CO.

Principal Place of Business

Mailing Address

5340 Lido St
Orlando FL 32807

2. Principal Place of Business

H & W Holdings Ltd Co

3. Mailing Address

H & W Limited Ltd Co

Suite, Apt. #, etc.

5340 Lido St

Suite, Apt. #, etc.

5340 Lido St

City & State

Orlando FL

City & State

Orlando FL

Zip

32807

Country

Oranbe

Zip

32807

Country

Oranbe

DO NOT WRITE IN THIS SPACE

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Kyle Hair + Michelle White

5340 Lido St

Orlando FL 32807

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.

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

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete
NAME Owner M6RM
STREET ADDRESS michelle white
CITY-ST-ZIP 5340 Lido St
Orlando FL 32807

TITLE ☐ Delete
NAME Owner M6RM
STREET ADDRESS Kyle Hair
CITY-ST-ZIP 5340 Lido St
Orlando FL 32807

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003289565--3
CITY-ST-ZIP -06/14/00--01101--006
*****50.00 *****50.00

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

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

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CITY-ST-ZIP

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

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:

Michelle White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/13/00

Date

407-277-0588

Daytime Phone #

CF2E083 (1/1/99)