

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 029 ***158.75

DOCUMENT # *M70436* ✓

1. Entity Name

H & R INTERSTATE HOUSING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35267 Hwy 54 West

3. Mailing Address

34851 State Road 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zephyrhills, Florida

City & State
Zephyrhills, Florida

4. FEI Number

59 2876467

Applied For

Not Applicable

Zip
33541

Country
USA

Zip
33541

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Carl D. Hill

Street Address (P.O. Box Number is Not Acceptable)

34851 State Road 54

City
Zephyrhills

FL

Zip
33541

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

Pres

04/03/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
P
Hill, Carl D.
STREET ADDRESS
34740 Carl Ave.
CITY-ST-ZIP
Zephyrhills FL 33541

TITLE
NAME
V/T/S
Ostermann, Keith
STREET ADDRESS
10439 Lamson Road
CITY-ST-ZIP
Dade City, FL 33525

TITLE
NAME
V
Steers, William F.
STREET ADDRESS
28546 Dawns Break Point
CITY-ST-ZIP
Wesley Chapel FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl D. Hill

04/03/02

813 782-7705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)