

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95975

1. Entity Name

R & H TELEPHONE CONTRACTORS, INC.

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90010 005 ***550.00

Principal Place of Business

% BEVERLY L CLARK/P O BOX 549
N.E. INTERSECTION OF U.S. HWY 27 & S.R. 47
FT. WHITE FL 32038

Mailing Address

% BEVERLY L CLARK/P O BOX 549
N.E. INTERSECTION OF U.S. HWY 27 & S.R. 47
FT. WHITE FL 32038

2. Principal Place of Business

39237 Mt. Gilead Rd.
Suite, Apt. #, etc.

3. Mailing Address

39237 Mt. Gilead Rd.
Suite, Apt. #, etc.

City & State

Leesburg, VA

City & State

Leesburg, VA

Zip

20175

Country

USA

Zip

20175

Country

USA

4. FEI Number

59-2907725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, BEVERLY L.
83E CORNER OF THE INTERSECTION OF U S HW
Y 27 AND STATE ROAD 47
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name

Beverly Hollingsworth

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

22316 Northwest 190th Avenue

P.O. Box 2848

High Springs

FL

Zip Code
32643

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

Beverly L Clark

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, 2000 Min. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLARK, HOWARD E.
P.O. BOX 549 N/A - E WELL ST
FT. WHITE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CLARK, BEVERLY, L
P.O. BOX 549 N/A - E WELL STREET
FT WHITE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARTIN, CHRISTY L
P.O. BOX 726 N/A - N MILL ST
FORT WHITE FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Clark, Beverly
39237 Mt. Gilead Rd.
Leesburg, VA 20175 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/Sec/Treas
Martin, Christy L.
39237 Mt. Gilead Rd.
Leesburg, VA 20175 ☒ Change ☐ Addition

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

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

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

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:

Beverly L Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)