

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012294

1. Entity Name

H&H Plumbing & Drain Cleaning Services, Inc.

Principal Place of Business Mailing Address
4 D Vatrano Road 4 D Vatrano Road
Albany, NY 12205 Albany, NY 12205
USA USA

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 59-3623729 Applied For Not Applicable

5. 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

Name Nicholas R. Iavarone
Street Address (P.O. Box Number is Not Acceptable) 36316 Century Drive
City Zepherhills FL Zip Code 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 *Nicholas R. Iavarone* Nicholas R. Iavarone 9/20/01
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete
NAME Steven B. Hendershot
STREET ADDRESS 46 Squire Lane
CITY - ST - ZIP Clifton Park, NY 12065

TITLE Secretary ☐ Delete
NAME Tiffany A. Hendershot
STREET ADDRESS 46 Squire Lane
CITY - ST - ZIP Clifton Park, NY 12065

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition

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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: *Steven B. Hendershot* Steven B. Hendershot 9/20/01 518-446-9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 9:25

DO NOT WRITE IN THIS SPACE

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