

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90255 003 ***150.00

04/01/02 AT

DOCUMENT # P00000012294

1. Entity Name
H & H PLUMBING & DRAIN CLEANING SERVICES, INC.

Principal Place of Business

4 D VATRANO ROAD
ALBANY NY 12205

Mailing Address

4 D VATRANO ROAD
ALBANY NY 12205

B0071998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1089 N. Meridian Rd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2876
 Suite, Apt. #, etc.

City & State

Youngstown OH

City & State

Youngstown OH

4. FEI Number

59-3623729

Applied For

Not Applicable

Zip

44509

Country

Mahoning

Zip

44511

Country

Mahoning

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IARONE, NICHOLAS R
36316 CENTURY DRIVE
ZEPHERHILLS FL 33541

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

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HENDERSHOT, STEVEN B	
STREET ADDRESS	46 SQUIRE LANE	
CITY-ST-ZIP	CLIFTON PARK NY 12065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HENDERSHOT, TIFFINY A	
STREET ADDRESS	46 SQUIRE LANE	
CITY-ST-ZIP	CLIFTON PARK NY 12065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendershot, Steven B	
STREET ADDRESS	4852 Bridge LN #4	
CITY-ST-ZIP	MASON OH 45040	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendershot, Tiffiny A.	
STREET ADDRESS	4852 Bridge LN #4	
CITY-ST-ZIP	MASON OH 45040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Signature of Steven Hendershot
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-02
 Date

Daytime Phone #

CR2E034 (9/01)