

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90097 047 ***150.00

DOCUMENT # P00000028256

1. Entity Name
H & H LAND DEVELOPMENT, INC.

Principal Place of Business Mailing Address
950 WESTERN DR SW 950 WESTERN DR SW
MOORE HAVEN FL 33471 MOORE HAVEN FL 33471

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 **65-0996621** 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

PERRY, CARL S
950 WESTERN DR SW
MOORE HAVEN FL 33471

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
 NAME **PERRY, CARL S**
 STREET ADDRESS **950 WESTERN DR SW**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **V/S/T/D** ☒ Change ☐ Addition
 NAME **PERRY, CARL S**
 STREET ADDRESS **950 WESTERN DR. SW.**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **PD** ☐ Delete
 NAME **HICKS, CURTIS E**
 STREET ADDRESS **PO BOX 2941**
 CITY-ST-ZIP **LABELLE FL 33975**

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

TITLE **VD** ☒ Delete
 NAME **HICKS, THOMAS L**
 STREET ADDRESS **4041 W SUNFLOWER CIRCLE**
 CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Carl Perry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/30/02 (863) 946-0286

CR2E034 (9/01)