

2001 UNIFORM BUSINESS REPORT (UBR)

0087560 AV

DOCUMENT # P00000086434

1. Entity Name
H. & O. SIDING, INC.

FILED

01 OCT -2 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten mark]

Principal Place of Business
4720 EAST POINSETTIA AVE
TAMPA FL 33617

Mailing Address
4720 EAST POINSETTIA AVE
TAMPA FL 33617



2. Principal Place of Business

4720 E. POINSETTIA AVE
Suite, Apt. #, etc.
Tampa FL

3. Mailing Address

4720 E. POINSETTIA AVE
Suite, Apt. #, etc.
Tampa FL

REINSTATEMENT 2001

City & State

33617

City & State

FL

4. FEI Number

59-3676601

Applied For

Not Applicable

Zip

Country

Hillsborough

Zip

Country

33617

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES, HEYDI
4720 EAST POINSETTIA AVE
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name
N/A
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 *[Handwritten 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) *yes* ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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
DP
FUENTES, ORLEN
4720 EAST POINSETTIA AVE
TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
FUENTES, HEYDI
4720 EAST POINSETTIA AVE
TAMPA FL 33617 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004661468-3
-10/31/01--01069--009
****758.75 ****758.75 ☐ 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

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heydi Fuentes 9-20-01 813-9857010
Date Daytime Phone #

CR2E034 (5/01)