2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91016 036 ***150.00

DOCUMENT# **P00000088605**

1. Entity
FH&H DRYWALL FINISH, INC.

Principal Place of	Mailing
401 SE 23RD AVENUE STREET #B BOYNTON BEACH FL 33435	401 SE 23RD AVENUE STREET #B BOYNTON BEACH FL 33435

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

4. FEI Number: 943374572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of Now Registered Agent
HERNANDEZ, JOSE G 401 SE 23RD AVENUE STREET #B BOYNTON BEACH FL 33435	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) DAT E

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 may Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	P/VP/T/D HERNANDEZ, JOSE G 401 SE 23RD AVENUE STREET BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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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 qualified 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: _____ 03/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #