FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90018 020 ***150.00

DOCUMENT # P00000104974

1. Entity Name
H H & S Properties, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11012 SW 138 Street
Suite, Apt. #, etc.
City & State
Archer FL
Zip 32618 Country Alachua

3. Mailing Address
PO Box 1117
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3684059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Sue Schilling
Street Address (P.O. Box Number is Not Acceptable): 11012 SW 138 Street
Mailing Address: PO Box 1117
City: ARCHER FL Zip Code: 32618

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 Sue Schilling 1-4-02
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) ☆
JAN. 1 - MAY 1 Fee Is $150
After May 1 $ 550

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
NO

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	HARVEY SCHILLING
STREET ADDRESS	11012 SW 138 Street PO Box 1117
CITY-ST-ZIP	Archer FL 32618
TITLE	VICE PRESIDENT
NAME	Heather Manning
STREET ADDRESS	11012 SW 138 St PO Box 1117
CITY-ST-ZIP	ARCHER FL 32618
TITLE	Secretary/Treasurer
NAME	Sue Schilling
STREET ADDRESS	11012 SW 138 St PO Box 1117
CITY-ST-ZIP	Archer FL 32618
TITLE	—
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE Sue Schilling Sue Schilling 1-4-02 352 495-2082 352 215-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary/Treasurer