

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90030 035 ***150.00

DOCUMENT # P00000104974



1. Entity Name
HH&S PROPERTIES, INC.

Principal Place of Business
**11012 SW 138 STREET
ARCHER FL 32618**

Mailing Address
**P.O. BOX 1117
ARCHER FL 32618**



2. Principal Place of Business
Rental Property
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1117
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Archer FL

City & State
Archer FL

4. FEI Number
59-3684059

Applied For
☐ Not Applicable

Zip
32618

Country
alachua

Zip
32618

Country
alachua

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

**SCHILLING, SUE
11012 SW 138 STREET
P.O. BOX 1117
ARCHER FL 32618**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida 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 **P** ☐ Delete
NAME **SCHILLING, HARVEY J**
STREET ADDRESS **11012 SW 138 STREET P.O. BOX 1117**
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE **ST** ☐ Delete
NAME **SCHILLING, SUE**
STREET ADDRESS **11012 SW 138 ST P.O. BOX 1117**
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE **VP** ☐ Delete
NAME **MANNING, HEATHER L**
STREET ADDRESS **11012 SW 138 STREET P.O. BOX 1117**
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sue Schilling** **Treasurer** **1-03-03** **(352) 495-2082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)