

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90070 041 \*\*\*150.00

**DOCUMENT # P01000057564**

Entity Name

AHH, INC.

Principal Place of Business

6402 BARTON RD  
 PLANT CITY FL 33565

Mailing Address

6402 BARTON RD  
 PLANT CITY FL 33565



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6402 Barton Rd

Mailing Address

6402 Barton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

FEI Number

59-3724738

Applied For

Not Applicable

Zip 33565 Country US

Zip 33565 Country US

Country US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, ALLEN H JR  
 6402 BARTON RD  
 PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

Allen Higginbotham Jr

Street Address (P.O. Box Number is Not Acceptable)

6402 Barton Rd

Plant City FL

City

FL

Zip 33565

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)

DATE

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

1. OFFICERS AND DIRECTORS

TITLE D  
 NAME HIGGINBOTHAM, ALLEN H JR  
 STREET ADDRESS 6402 BARTON RD  
 CITY-ST-ZIP PLANT CITY FL 33565 ☐ Delete

TITLE D  
 NAME HIGGINBOTHAM, DEVON  
 STREET ADDRESS 6402 BARTON RD  
 CITY-ST-ZIP PLANT CITY FL 33565 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 83-754-8277

Date

Daytime Phone #

CR2E034 (9/01)