

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000071154**

1. Entity Name

H &amp; H OF BREVARD, INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91625 049 \*\*\*550.00

Principal Place of Business 1110 HWY A1A SATELLITE BEACH FL 32937	Mailing Address 1110 HWY A1A SATELLITE BEACH FL 32937
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
J

Suite, Apt. #, etc.

City & State  
J

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3733857

Applied For

Not Applicable

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

HANNON, JAMES  
1110 HWY A1A  
SATELLITE BEACH FL 32937

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)

DATE

9. 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

11. OFFICERS AND DIRECTORS

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionD  
HANNON, JAMES  
1110 HWY A1A  
SATELLITE BEACH FL 32937☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionD  
HANNON, ROBERT  
1110 HWY A1A  
SATELLITE BEACH FL 32937☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02  
Date321-777-1168  
Daytime Phone #

CR2E034 (9/01)