


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90053 008 ***150.00

DOCUMENT # 001000107490	
1. Entity Name H&G CONSULTING & MANAGEMENT, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5761 HARBORAGE DRIVE	3. Mailing Address 5761 HARBORAGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FORT MYERS, FL	City & State FORT MYERS, FL	4. FEI Number 65-1159323	Applied For <input type="checkbox"/> Not Applicable
Zip 33908	Country USA	Zip 33908	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DOUGLAS A WOOD, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 1000 TAMiami TRAIL NORTH, SUITE 201
City NAPLES, FL
Zip Code 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRE, JAMES W 5761 HARBORAGE DR FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRE, DAVID B 1100 CURLEW ST FORT MYERS, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRE, NAN J 5761 HARBORAGE DR FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **Nan J. Hire, Director** **April 30, 2003** (239) 267-7900

CR2E034B (12/02)