

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

DOCUMENT # *P01000107490*

1. Entity Name

H&G CONSULTING & MANAGEMENT, INC



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

05-06-2003 90053 008 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5761 HARBORAGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
5761 HARBORAGE DRIVE

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33908

Country
USA

Zip
33908

Country
USA

4. FEI Number
65-1159323

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **DOUGLAS A WOOD, ESQ.**

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

1000 TAMAMI TRAIL NORTH, SUITE 201

City **NAPLES,**

Zip Code
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D**
NAME
STREET ADDRESS
CITY-ST-ZIP

**HIRE, JAMES W
5761 HARBORAGE DR
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME
STREET ADDRESS
CITY-ST-ZIP

**HIRE, DAVID B
1100 CURLEW ST
FORT MYERS, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME
STREET ADDRESS
CITY-ST-ZIP

**HIRE, NAN J
5761 HARBORAGE DR
FORT MYERS, FL 33908**

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

SIGNATURE: *[Signature]*

Nan J. Hire, Director

April 30, 2003 (239) 267-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)