

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91385 048 \*\*\*150.00

DOCUMENT # PO1000117310 ✓  
1. Entity Name  
FI H INC

**DO NOT WRITE IN THIS SPACE**

**668451**

2. Principal Place of Business <u>13408 3<sup>rd</sup> St</u> Suite, Apt. #, etc.	3. Mailing Address <u>13408 3<sup>rd</sup> St</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>FT Myers FL 33905</u>	City & State <u>FT Myers FL</u>	4. FEI Number <u>65-1142814</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33905</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Franklin I Hazrell II

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

13408 3<sup>rd</sup> St

City FT Myers FL Zip Code 33905

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 Franklin I Hazrell II President 05/01/02  
(NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Franklin I Hazrell II</u> <u>13408 3<sup>rd</sup> St</u> <u>FT MYERS, FL 33905</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Franklin I Hazrell II 05/01/02 (941) 218-2395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #