


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/21/2003-90125-014-\$158.75-\$158.75 *
8/27/2003-90080-032-\$508.75-\$508.75

0101754
AV

DOCUMENT # P02000010610	
1. Entity Name H H & S INVESTMENTS, INC.	

FILED

03 SEP 22 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2371 HADDON HALL PLACE CLEARWATER FL 33764-7509	Mailing Address 2371 HADDON HALL PLACE CLEARWATER FL 33764-7509
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0011925		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
HUSTON, JOHN R 2371 HADDON HALL PLACE CLEARWATER FL 33764-7509		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. I am familiar with, and accept the obligations of registered agent.

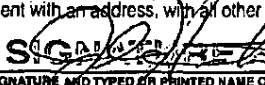
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		John Huston, Pres 2371 Haddon Hall Pl Clearwater, FL 33764	
		Jerry Huston, Treasurer 110 Palmer Ct. Palm Harbor, FL 34685	
		Brian Smith, Secretary 10149 Whisper Pointe Dr. Tampa, FL 33647	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

8/25/03 727546089

DATE Daytime Phone #

CR2E034 (4/03)