2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S & H, INC.

FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90090 028 ***150.00

P02000056138 **DOCUMENT #** 1. Entity Name

Principal Place of Business 462 KINGSLEY AVE SUITE 101 ORANGE PARK FL 32073

Mailing Address 356 BLANDING BLVD

ORANGE PARK FL 32073

2. Principal Place of Business. 356 Blanting Blvd. 3. Mailing Address SAME					F 160(160 F 115 0011# 11011 00111 10111 0011	BEICH BII	JE 02101 11E0	I		
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				S		
City & State City & State				4.	4. FEI Number		$\widetilde{\Box}$	Applied For	֓֞֞֞֞֞֞֜֞֞֜֞֓֓֡֝֞֩֓֡֡	
Orange Park, Fl. City & State				(52-0613303		1	Vot Applicable]	
			Country	5.	Certificate of Status Desired	d \$8.75 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registe	ered Aç	jent]	
				Name						
TOLSON, JOHN F JR				Street Address (P.O. Box Number is Not Acceptable)						
462 KINGSLEY AVE SUITE 101										
ORANGE	PARK FL 32073									
į.			City			FL	Zip Co	de	1	
8. The above named entity submits this statement for the purpose of changing its regist										
	ions of registered agent.	the purpose or changing its r	egistered office of	registered ag	gent, or both, in the state of clonda.	i dili lai	THE PER TANK	i, and accept	İ	
•	ettar.									
SIGNATURE .	Signature, typed or printed name of registered agent an	d tale if applicable. (NOTE:	Registered Agent signatu	ire required when r	reinstating)	DATE			Ì	
									-	
	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	التحديد بمان بمانين المنتسوكيني	13 ,		9. Election Campaign Financin			00 May Be -		
	Payable to Florida Department of	State			Trust Fund Contribution.	~ ′□	Adde	ed to Fees	}	
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NAME	Bankann K. Hork		NAME						1	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: