

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90397 032 ***150.00

DOCUMENT # P02000085928

1. Entity Name

H & D CONSTRUCTION SERVICES, INC.



Principal Place of Business

**5963 VELVET PL SOUTH
W PALM BCH FL 33417**

Mailing Address

**PO BOX 8005
W PALM BCH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2370803

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS-\$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **DPST**
STREET ADDRESS **DAVIS, ROY F**
CITY-ST-ZIP **5963 VELVET PL SOUTH
W PALM BCH FL 33417**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HAGGERTY, MICHAEL A**
CITY-ST-ZIP **5963 VELVET PL SOUTH
W PALM BCH FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DCT**
STREET ADDRESS **DAVIS, ROY F**
CITY-ST-ZIP **5963 VELVET PL SOUTH
W PALM BEACH FL 33417**

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **HAGGERTY, MICHAEL A**
CITY-ST-ZIP **5963 VELVET PL SOUTH
W PALM BEACH FL 33417**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **TINA DAVIS**
CITY-ST-ZIP **5963 VELVET PL SOUTH
W PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **X [Signature] ROY F DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APRIL 03

Date

561-791-3277

Daytime Phone #

CR2E034 (10/02)