

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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90019 016 ***150.00

DOCUMENT # P03000153686

1. Entity Name

E & H RESIDENTIAL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Route 14, Box 24521

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

4. FEI Number

20-0526673

Applied For

Not Applicable

Zip

32024

Country

US

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Scott F. English

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

Route 14, Box 24521

City

Lake City

FL

Zip Code

32024

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	President
NAME	Scott F. English
STREET ADDRESS	Route 14, Box 24521
CITY-ST-ZIP	Lake City, Florida 32024
TITLE	VP
NAME	Scott H. Hall
STREET ADDRESS	1405 NW Nash Road
CITY-ST-ZIP	Lake City, Florida 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 386-984-6613

Date

Daytime Phone #

CR2E034B (12/02)