## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P92000002086

1. Entity Name

H & L ENTERPRISES, INC.



## Apr 03, 2003 8:00 am \$ Secretary of State \$ 94-03-2003 90119 000 200 **FILED**

NAME STREET ADDRESS CITY-ST-ZIP TITLE UNAME STREET ADDRESS CITY-ST-ZIP UNAME STREET ADDRESS CITY-ST-ZIP					TO WE TO	<b>′</b>					
S. 16, Apt. 4, etc.   Suite, Apr. 4, etc.   CHECK HERE IF MAKING CHANGES    Coy A State   City & State   CHECK HERE IF MAKING CHANGES    Applied For   Not Apolicable   Applied For   Not Apolicable    Applied For   Not Apolicable    Applied For   Not Apolicable    B. Name and Address of Current Registered Agent   None    HILBERT, DAVID L   12795 DOGWOOD HILL DR.    JACKSONVILLE FL 32223   City   FL   Zip Code    B. The above named entity autonise this statement for the purpose of changing its registered agent. or both, in the State of Sorica. I am familiar with, and accept when objective of registered agent.    Significant Flee   System Special registered agent.   Other part of the purpose of changing its registered agent. or both, in the State of Sorica. I am familiar with, and accept when objective of registered agent.    Significant Place   System Special registered agent.   Other part of the purpose of changing its registered agent.    Significant Place   System Special registered agent.   Other part of the purpose of changing its registered agent.    Significant Place   System Special registered agent.   Other part of the purpose of changing its registered agent.    Significant Place   System Special registered agent.   Other part of the purpose of changing its registered agent.    Significant Place   System Special registered agent.   Other part of the purpose of changing its registered agent.    Significant Place   Debte   This   Addition    Make Check Payable to Florida Department of State    Significant Place   Debte   This    Make System address   Debte   This    Significant Place   Debte   This    Make System address   Debte   T	3811 UNIVERSITY BLVD. W. STE. #28 JACKSONVILLE FL 32217		3811 UNIVERSITY BLVD. W. STE. #28 JACKSONVILLE FL 32217								
City & State  City & State  City & State  City & State  Country  Country  Country  Country  S. Certificate of Status Desired  S.75 Addistroal Fee Required  6. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  FLE.NOWILL FEE: St 150.00  After May 1, 2003 Fee will Se \$550.00  After May 1, 2003 Fee will Se \$5		Place of Business								10116 0111 1011	
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### Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	City & Sta	te	City & State			4.	4. FEI Number 59-3149189				
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired		8.75 Add	ditional	
HILBERT, DAVID L 12795 DOGWOOD HILL DR. JACKSONVILLE FL 32223  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered atjent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SignATURE    Signature   David   Da		6. Name and Address of Current I	Registered Agent			7.	Name and Address of New Re	egistered Ag	ent		
12795 DOGWOOD HILL DR.  JACKSONVILLE FL 32223  City  FL Zip Code  City  City  City  State  City	`					Name					
12795 DOGWOOD HILL DR.  JACKSONVILE FL 32223  City FL Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  Signature  Signature  Signature, speed or pheteric remains and the fagoliculus.  (NOTE Registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  (NOTE Registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  (NOTE Registered Agent signature recursed when remaining)  PILE. NOW/III. FEE IS \$159.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME  ITILE  Delete  ITILE  Delete  ITILE  Delete  TILE  Delete	HILBERT, DAVID L				Street Addres	s (P.O. E	Box Number is Not Acceptable	)			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE							· ,			<u>,</u>	
B. 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.	JACKSO	NVILLE FL 32223									
SIGNATURE  Signature required agent.  Signature Signature required when relineating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D					City			FL	Zip Cod	е	
SIGNATURE  Signature Sequence replaced agent.  SIGNATURE  Signature required when releasable production of the sequence of agents and site if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D	8. The above	e named entity submits this statement for	the purpose of cha	anging its register	ed office or regis	tered ag	gent, or both, in the State of Flo	rida. I am far	<u>I</u> niliar with,	and accept	
Signature, piped or printed name of registered Agent signature (NOTE: Registered Agent signature required when refinatoric)   DATE											
Signature, piped or printed name of registered Agent signature (NOTE: Registered Agent signature required when refinatoric)   DATE	SIGNATURE										
After May 1, 2003 Fee will be \$\$50.00  Trust Fund Contribution.   Added to Fees  10.	· ·	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ed Agent signature requ	ired when r	reinstating)	DATÉ			
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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 fustee 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, both all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP