2000 UNIFORM BUSINESS REPORT (UBR)

04-10-2001 90016 011 ***750.00
P93000022394
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 PM 12:03

DOCUMENT # P93000022394

1. Entity Name
S & H RICE, INC.

Principal Place of Business	Mailing Address
16604 US HWY 19 N CLEARWATER FL 34624 US	16604 US HWY 19N CLEARWATER FL 34624 US

REINSTATEMENT 00-01
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6200 90TH AVE N Suite, Apt. #, etc.
City & State	City & State: PINELLAS PARK FL
Zip / Country	Zip: 33782 / Country

4. FEI Number 59-3183843 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVENREICH, DAVID C
1230 S MYRTLE AVE
SUITE 206
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name: David C. Levenreich
Street Address (P.O. Box Number is Not Acceptable): 406 South Prospect Avenue
City: Clearwater FL Zip Code: 33756

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.

SIGNATURE: David C. Levenreich (Signature of previously named Registered Agent and title, if applicable) April 25, 2001 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, EDWARD L 16604 US HWY 19N CLEARWATER FL	☐ Delete	PS RICE, EDWARD L 6200 90TH AVE N PINELLAS PARK FL 33782	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, SHELBY J 16604 US HWY 19 N CLEARWATER FL	☐ Delete	900004194559--4 -05/10/01--01131--012 ****450.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VT RICE, SHELBY J 6200 90TH AVE N PINELLAS PARK FL 33782	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/26/01 Date — 727 536 3313 Daytime Phone #