

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000032909**

1. Entity Name

**HJH GROUP, INC.**

Principal Place of Business

**3837 NORTDALE BLVD.. #352  
TAMPA FL 33624**

Mailing Address

**3837 NORTDALE BLVD.. #352  
TAMPA FL 33624**

2. Principal Place of Business

**12605 N. 52<sup>ND</sup> ST.**

Suite, Apt. #, etc.

**Temple Terrace**

City & State

**FL.**

3. Mailing Address

**12605 N. 52<sup>ND</sup> ST.**

Suite, Apt. #, etc.

**Temple Terrace**

City & State

**FL.**

Zip

**33617**

Country

**USA**

Zip

**33617**

Country

**USA**

6. Name and Address of Current Registered Agent

**HUFFMAN, DENNIS L  
18615 AVE. CAPRI  
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **CATHERINE JOHNSON**

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

**12605 N. 52<sup>ND</sup> ST.**

City

**Temple Terrace FL**

Zip Code

**33617**

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

**Catherine Johnson, President**

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

(NOTE: Registered Agent signature required when reinstating)

**6/26/02**

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

TITLE **PSD** ☐ Delete  
NAME **JOHNSON, CATHERINE**  
STREET ADDRESS **12605 N 52ND ST**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VP** ☐ Delete  
NAME **HUFFMAN, DENNIS**  
STREET ADDRESS **18615 AVE. CAPRI**  
CITY-ST-ZIP **LUTZ FL 33549**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Catherine Johnson, President**

DATE

**6/26/02**

Daytime Phone #

**828-680-9340**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90809 034 \*\*\*550.00

**B0126567**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3180414** Applied For ☐ Not Applicable

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

0434528 AV

CR2E034 (9/01)