## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P94000017732** 1. Entity Name D & H STUDIO, INCORPORATED 01-20-2000 90209 025 \*\*\*150.00 Principal Place of Business Mailing Address 1065 SILVER BEACH ROAD #15 1065 SILVER BEACH ROAD #15 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33403-3117 703926 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0489314 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUTCHINSON, DIANE M Street Address (P.O. Box Number is Not Acceptable) 1065 SILVER BEACH ROAD #15 **RIVIERA BEACH FL 33404** Zip Code City 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 . Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PDCS** Change Change ☐ Addition TITLE ☐ Delete TITLE NAME HUTCHINSON, DIANE M NAME 1065 SILVER BEACH ROAD #15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DITTMER, ROBERT H NAME 1065 SILVER BEACH RD #15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE RIVIERA BCH FL - - - - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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: