

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P94000032105**

Entity Name

**- & H RETAIL ENTERTAINMENT, INC.****FILED****Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90099 033 \*\*\*150.00

Principal Place of Business		Mailing Address	
WOODBINE ROAD 2 FL 32571		4475 WOODBINE ROAD SUITE 2 PACE FL 32571-8738 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	



DO NOT WRITE IN THIS SPACE

Country		Zip	Country	4. FEI Number <b>59-3241135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, BRIAN W 4189 CAMBRIDGE WAY PACE FL 32571		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
If corporation is eligible to satisfy its intangible filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	P SCHMIDT, STEVE F 728 WEST 25TH AVENUE COVINGTON LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	V HILL, BRIAN W 4189 N CAMBRIDGE WAY PACE FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	ST HILL, M ALLISON 4189 N CAMBRIDGE WAY PACE FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: M Allison Hill Secretary/Treasurer 3-31-00 850-995-0501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)