

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90043 034 ***150.00

DOCUMENT # **P94000038592**

1. Entity Name
H & H MARINE, INC.

Principal Place of Business Mailing Address
3300 Twin Lakes Terrace #104 3300 Twin Lakes Terrace #104
Fort Pierce, FL 34951 Fort Pierce, FL 34951

C0042317

2. Principal Place of Business 3. Mailing Address
1200 Indian River Dr 1200 Indian River Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Sebastian, FL 32958 Sebastian, FL 32958
 Zip Country Zip Country
32958 USA 32958 USA

4. FEI Number Applied For
65-0496296 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
L. F. HANKINS L. F. HANKINS
3300 Twin Lakes Terrace #104 1200 Indian River Dr.
Fort Pierce, FL 34958 City **Sebastian, FL** Zip Code **32958**

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, L. F.		NAME	HANKINS, L. F.	
STREET ADDRESS	3300 Twin Lakes Terrace #104		STREET ADDRESS	1200 Indian River Dr	
CITY-ST-ZIP	Fort Pierce, FL 34951		CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, PHYLLIS S.		NAME	HANKINS, PHYLLIS S.	
STREET ADDRESS	3300 Twin Lakes Terrace #104		STREET ADDRESS	1200 Indian River Dr.	
CITY-ST-ZIP	Fort Pierce, FL 34951		CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **L. F. HANKINS, DIRECTOR** **3-13-2000 361-539-6175**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)