2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000064459** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name H & S HOLDINGS, INC. 04-26-2000 90076 002 ***150.00 Principal Place of Business Mailing Address 2700-D NW 43RD ST. 2700-D NW 43RD ST. GAINESVILLE FL 32606 GAINESVILLE FL 32607-1635 3. Mailing Address 2. Principal Place of Business 7328-F W. University Ave. 7328-F W. University Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3266072 Gainesville, FL Gainesville, FL Not Applicable Country \$8.75 Additional 32607 32607 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAW, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2700-D NW 43RD ST. 13505 NW **GAINESVILLE FL 32606** City this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity W. Shaw of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Élection Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Delete Change ☐ Addition TITLE TITLE NAME HODOR, HOWARD NAME 7328-F W. University Ave. STREET ADDRESS STREET ADDRESS 2700-D NW 43RD ST. Gainesville, FL 32607 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 Change ☐ Addition DVST TITLE ☐ Delete TITLE NAME SHAW, JAMES W NAME 13505 NW 88th PI STREET ADDRESS STREET ADDRESS 2700-D NW 43RD ST. Alachua Fl 32615 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 emographic execution this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or bestee emognetic execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like emogwered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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