

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064459

FILED
Jan 19, 2001 8:00 am
Secretary of State

1. Entity Name
H & S HOLDINGS, INC.

01-19-2001 90090 044 ***150.00

Principal Place of Business
**7328- F W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

Mailing Address
**7328- F W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

C0006206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
240-D NW 76th Drive
Suite, Apt. #, etc.

3. Mailing Address
240-D NW 76th Drive
Suite, Apt. #, etc.

City & State
Gainesville, FL
Zip
32607

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Gainesville, FL
Zip
32607

4. FEI Number **59-3266072**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAW, JAMES W
2700-D NW 43RD ST.
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name
Hodor, Andrew G.
Street Address (P.O. Box Number is Not Acceptable)
240-D NW 76th Drive
City
Gainesville FL 32607

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 X **1-5-01**
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP HODOR, HOWARD 7328-F W. UN IVERSITY AVE. GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SHAW, JAMES W 13505 NW 88TH PL ALACHUA FL 32615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hodor, Howard 240-D NW 76th Drive Gainesville, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,V,S,T Hodor, Andrew G 240-D NW 76th Drive Gainesville, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X **Andrew G. Hodor, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01 **352-331-9949**
Date Daytime Phone

CR2E034 (10/00)