

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079249

1. Entity Name

H & S CONTRACTORS, INC.

Principal Place of Business

HWY 73 & HWY 274 "SHELTONS CORNER"
ALTA FL 32421

Mailing Address

RURAL ROUTE 3
BOX 397
ALTA FL 32421
US

2. Principal Place of Business

3. Mailing Address

10859 NW CR 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RR 3 Box 397

City & State

City & State

Altha, FL 32421

Zip

Country

Zip

Country

32421

U.S.

4. FEI Number

59-3285066

Applied For

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

SHELTON, LENORAH

RR3 BOX 397

INTERSECTION HWY. 73 & 274

ALTA FL 32421

Name

Street Address (P.O. Box Number is Not Acceptable)

10859 NW CR 274

RR 3 Box 397

City

Altha,

FL

Zip Code

32421

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME SHELTON, GREGORY H
STREET ADDRESS RT. 3 BOX 397 HWY 73B
CITY-ST-ZIP ALTA FL 32421

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SHELTON, KENNETH L
STREET ADDRESS RR3 BOX 217
CITY-ST-ZIP ALTA FL 32421

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SHELTON, LENORAH D
STREET ADDRESS RT 3 BOX 397 HWY 73
CITY-ST-ZIP ALTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lenorah Shelton - Lenorah Shelton 4-16-2001

850-762-3250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90315 049 ***150.00

951652



DO NOT WRITE IN THIS SPACE