

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90029 002 ***150.00

0597965 AT

DOCUMENT # P94000079249

1. Entity Name

H & S CONTRACTORS, INC.

Principal Place of Business

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

Mailing Address

10859 NW CR 274
RR3 BOX 397
ALTHA FL 32421
US

2. Principal Place of Business

Intersection Hwy 73 & 274

3. Mailing Address

10859 NW CR 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altha, FL 32421

4. FEI Number

59-3285066

Applied For

Not Applicable

Zip

32421

Country

Calhoun

Zip

32421

Country

Calhoun

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTON, LENORAH
10859 NW CR 274
RR3 BOX 397
ALTHA FL 32421

7. Name and Address of New Registered Agent

Name

Lenorah Shelton

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

10859 NW CR 274

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	SHELTON, GREGORY H	
STREET ADDRESS	RT. 3 BOX 397 HWY 73B	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHELTON, KENNETH L	
STREET ADDRESS	RR3 BOX 217	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHELTON, LENORAH D	
STREET ADDRESS	RT 3 BOX 397 HWY 73	
CITY-ST-ZIP	ALTHA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 D. Shelton** **Lenorah D. Shelton** **4-2-02** **850-162-3250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)