2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000079249 **DOCUMENT#**

1. Entity Name

H & S CONTRACTORS, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90128 007 ***150.00

Experiment and Address of Country Section				COD WE INC			
Sufe, Apt. #, etc. City & State City & Cit	HWY 73 & HV	VY 274 "SHELTONS CORNER"	10859 NW CR 274 ALTHA FL 32421	· <u></u>		 ### 1010 1010 1010 1101 AND 1011 1011	
City & State City & State Country Co	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country 5. Certificate of Status Desired Segretary 5. Certificate of Status Desired Segretary 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 Name 1 Name 1 Name 1 Name 274 ALTHA FL 32421	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MA	KING CHANGES	
Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional ree Required	City & State		City & State		4. FEI Number 59-3285066	Applied For Not Applicable	
SHELTON, LENORAH 10859 NW CR 274 ALTHA FL 32421	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
SHELTON, LENORAH 10859 NW CR 274 ALTHA FL 32421	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City Added City FL Zip Code Added Added Added Added Added City FL Zip Code Added Added Added City FL Zip Code Added Added Added Added City FL Zip Code Added Added Added Added City FL Zip Code Added Added Added Change Added Added				Name			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code	SHELTON	, LENORAH]	
ALTHA FL 32421 City FL Zip Code City City City FL Zip Code City City FL Zip Code City City City City City City City City				Street Address	(P.O. Box Number is Not Acceptable)		
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. I am familiar with, and accelerate to the obligations of registered agent. SIGNATURE Signame, spend or printed name of registered agent and title if apolerable. (NOTE: Registered Agent signature required when reinstating). DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.						_	
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	·	ė.				• -	
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10.	8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing i	its registered office or registe	ered agent, or both, in the State of Florida.	am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE		ant and title if applicable. (NO	DTE: Registered Agent signature require	ad when reinstation)	ATE	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		7					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Afte	r May 1, 2003 Fee will be \$550.0			, , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	10. 💠	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO DESICERS	AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME : STREET ADDRESS	VP SHELTON, GREGORY H RT. 3 BOX 397 HWY 73B		TITLE NAME STREET ADDRESS	ASSIMONO, OF INDERS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SHELTON, KENNETH L RR3 BOX 217	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	RT 3 BOX 397 HWY 73	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
371 01 20	NAME STREET ADDRESS		☐ Delete	NAME		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 specific auranness that the information supplied with the information supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this specific auranness that the information supplied with the in	NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied wi		NAME STREET ADDRESS CITY-ST-ZIP	potion 110 07/3Vi) Staille Carrier II		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR