

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 013 ***150.00

DOCUMENT # P95000019261

1. Entity Name

A & H SOUTH FLORIDA INC



DO NOT WRITE IN THIS SPACE

90137638

2. Principal Place of Business

2841 N.W. 179 St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 55-2609

Suite, Apt. #, etc.

City & State

OPA-Loxka FL

City & State

OPA-Loxka FL

4. FEI Number

65-0429202

Applied For

Not Applicable

Zip

33056

Country

U.S.A

Zip

33055

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Anthony Davis

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

2841 N.W. 179 Street

City

OPA-Loxka

FL

Zip Code

33056

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 accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

HAZEL DAVIS

(NOTE: Registered Agent signature required when reinstating)

05/19/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Davis Anthony
2841 N.W. 179 Street
OPA-Loxka, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Davis Hazel
2841 N.W. 179 Street
OPA-Loxka, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAZEL DAVIS

05/19/03
Date

Daytime Phone #

CR2E034B (12/02)