## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # P9600015607 Mar 27, 2000 8:00 am **Secretary of State** J & H ENTERPRISES OF SARASOTA-MANATEE, INC. 03-27-2000 90070 012 \*\*\*158.75 Principal Place of Business Mailing Address 6221 14TH ST W 5807 42ND ST E BRADENTON FL 34203-5582 **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0648627 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALABY, HUGH S Street Address (P.O. Box Number is Not Acceptable) 5807 42ND ST EAST **BRADENTON FL 34203** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD Change ☐ Addition TITLE ☐ Delete TITLE HALABY, HUGH S NAME NAME STREET ADDRESS 5807 42ND ST EAST STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete HALABY, JANET R NAME NAME 5807 42ND ST EAST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BRADENTON FL** ☐ Addition ~ 🔁 Change TITLE Delete -----TITLE -----NAME NAME, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE

SIGNATURE

Date

Date

Daytime Phone #

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