

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-16-2001 90257 010 ***150.00

DOCUMENT # P96000038517

1. Entity Name

H & S CONSTRUCTION INC.

Principal Place of Business

192 RANGE RD
 COCOA FL 32926
 US

Mailing Address

PO BOX 3038
 COCOA FL 32924-3038

2. Principal Place of Business

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Cocoa, Fl.

4. FEI Number **59-3392125**

Applied For

Not Applicable

Zip

Country

Zip

Country

32924-3038 Brevard

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

ELMORE, HARVEY L
~~644 D CLEARLAKE RD~~
~~6600A FL 32922~~

192 Range Rd
 Cocoa, Fl 32926

Name

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

192 Range Rd

Cocoa Fl. 32926

City

Cocoa, Fl. 32924-3038

FL

Zip Code
 32926

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

Harvey L. Elmore

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

(NOTE: Registered Agent signature required when reinstating)

5-4-01

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	P	<input type="checkbox"/> Delete
NAME	ELMORE, HARVEY L	
STREET ADDRESS	403 CHURCHILL DR	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-01

Date

321-258-6039

Daytime Phone #

CR2E034 (10/00)