2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P96000082513** H & H CONSULTING, INC. 04-23-2000 90007 049 ***150.00 Principal Place of Business Mailing Address 1 SYCAMORE CT. N. 1 SYCAMORE CT NORTH HOMOSASSA FL 34446 HOMOSASSA FL 34446-4534 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-3403743 Not Applicable Zip Country Zip, Country___ **\$8.75** Additional___ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALE, SUSAN G Street Address (P.O. Box Number is Not Acceptable) 1 SYCAMORE COURT NO HOMOSASSA FL 34446 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete HALE, SUSAN G NAME STREET ADDRESS STREET ADDRESS 1 SYCAMORE COURT NO CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34446 Change TITLE ☐ Addition ☐ Delete HINSON, STEPHANIE G NAME NAME STREET ADDRESS 1 SYCAMORE COURT NO STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: Stephene B. Winson Stephenie G. Hinson 4-20-00 863-858-9

CITY-ST-ZIP