## 2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business ஆக்கு கண்டுக்கு கண்டு விடுக்கு கண்டுகள் கண்டுகள்

16 SW BROADWAY

OCALA FL 34474-4137

## DOCUMENT # P96000083999

1. Entity Name

16 SW BROADWAY OCALA FL 34474

SIGNATURE:

H & R HOMES AND CONSTRUCTION, INC.

US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3403311 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOUGH, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 16 SW BROADWAY **UNIT N** OCALA FL 34474 City Zip Code 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) DATE 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 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Defete ☐ Change ☐ Addition HOUGH, CHARLES R NAME 20368 THE GRANADA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **DUNNELLON FL 34432** ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 life empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05-02-2000 90030 035 \*\*\*150.00

May 02, 2000 8:00 am Secretary of State

**。欧尔特第20%。1944年** 

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