

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90007 040 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019455

1. Entity Name

H &amp; H LIGHTING, INC.

Principal Place of Business

269 ODOMS MILL BLVD  
PONTE VEDRA BEACH FL 32082

Mailing Address

269 ODOMS MILL BLVD  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3437962

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, SCOTT A  
153 BEAR DEN  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

City

FL

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: Required Agent signature required when reinstating)

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

TITLE PSD  
 NAME GREEN, SCOTT A. ☐ Delete  
 STREET ADDRESS 153 BEAR PEN  
 CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-01

Date

(904) 269-7878

Daytime Phone #

CR2E034 (10/00)