

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90107 031 ***150.00

DOCUMENT # P97000035725

1. Entity Name
S & H AUTO MACHINE, INC.



Principal Place of Business
**1560 LATHAM ROAD
UNIT 8 & 9
W PALM BEACH FL 33409**

Mailing Address
**1560 LATHAM ROAD
UNIT 8 & 9
W PALM BEACH FL 33409**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0746084**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIER, PAMELA K
9400 NE 120TH STREET
OKEECHOBEE FL 34972**

Name **John F. Huey**
Street Address (P.O. Box Number is Not Acceptable) **12892 Meadowbreeze Dr.**
City **West Palm Beach** **FL** Zip Code **33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John F. Huey*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-08-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HUEY, JOHN F | |
| STREET ADDRESS | 1560 LATHAM ROAD | |
| CITY-ST-ZIP | PALM BEACH FL 33409 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SECHAYCO, BARRET | |
| STREET ADDRESS | 1560 LATHAM ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL 33409 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ROACH, DEBRA | |
| STREET ADDRESS | 1560 LATHAM ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL 33409 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | SPIER, PAMELA K | |
| STREET ADDRESS | 1560 LATHAM ROAD | |
| CITY-ST-ZIP | W PALM BEACH FL 33409 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Huey, Debra | |
| STREET ADDRESS | 1560 Latham Rd | |
| CITY-ST-ZIP | West Palm Beach, FL 33409 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ream, Robin L. | |
| STREET ADDRESS | 1560 Latham Rd | |
| CITY-ST-ZIP | West Palm Beach, FL 33409 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)