

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038715

1. Entity Name

H & H OIL, INC.

Principal Place of Business

Mailing Address

~~15970 W. STATE RD. 84~~
~~SUITE 265~~
FORT LAUDERDALE FL 33326

~~15970 W. STATE RD. 84~~
~~SUITE 265~~
FORT LAUDERDALE FL 33326

2. Principal Place of Business

3. Mailing Address

1440 W. State Rd 84
Suite, Apt. #, etc.

1440 W. State Rd 84
Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

65-0748925

Applied For

Not Applicable

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

HYNDS, DONALD C
15970 W. STATE RD. 84
SUITE 265
FT. LAUDERDALE FL 33326

Name

SAME

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

16740 Waters Edge Dr

City

Weston

FL

Zip Code

33326

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

Don Hynds

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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 PD
NAME HYNDS, PATRICIA
STREET ADDRESS 15970 W. STATE RD. 84, #265
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE NAME
NAME HYNDS, PATRICIA ☒ Change ☐ Addition
STREET ADDRESS 16740 Waters Edge Dr
CITY-ST-ZIP Weston FL 33326

TITLE VT
NAME HYNDS, DONALD
STREET ADDRESS 15970 W. STATE RD. 84, #265
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE NAME
NAME 16740 Waters Edge Dr
STREET ADDRESS Weston, FL 33326 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Patricia Hynds* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 954-523-4097

CR2E034 (9/99)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90073 022 ***150.00



DO NOT WRITE IN THIS SPACE