## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P97000055830** HH BUSINESS SERVICES, INC. 01-26-2000 90125 007 \*\*\*150.00 Principal Place of Business Mailing Address 11250 OLD ST. AUGUSTINE ROAD 11250 OLD ST. AUGUSTINE ROAD SUTIE 15 SUTIE 15 C0012044 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3456510 Not A. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUDDLESTON, SHEILA F Street Address (P.O. Box Number is Not Acceptable) 11250 OLD ST. AUGUSTINE ROAD SUITE 15 JACKSONVILLE FL 32257 1 Zin Code 150 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE.NOW!!!! FEE IS \$150.00 .9. -This corporation is eligible to satisfy its Intangible ±10: Election Campaign Financing \$5.00 May 50 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. Change ☐ Addition TITLE TITLE Delete HUDDLESTON, SHEILA F NAME 11250 OLD ST, AUGUSTINE RD SUITE 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change Addition Addition TITLE □ Delete TITLE NAME NAME 16 4 37 5 7 7 STREET ADDRESS STREET ADDRESS 12 M (21) CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change : ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-7IP Delete ----☐ Change ☐ Additior TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Lhereby 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, will all other like empowered.

SIGNATURE: