

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078576

1. Entity Name
AH 2 GROUP INCORPORATED

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90263 027 ***150.00

947024



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5807 ROUND LAKE ROAD
APOPKA FL 32712

Mailing Address
5807 ROUND LAKE ROAD
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address
P.O. Box 1270

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee FL

4. FEI Number 59-3467967

Applied For
Not Applicable

Zip

Country

Zip 32798 Country Orange

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

HOLMES, PAUL R
5807 ROUND LAKE ROAD
APOPKA FL 32712

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 _____ (NOTE: Registered 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, PAUL R 5807 ROUND LAKE ROAD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul R. Holmes President, Paul R. Holmes 4-11-01 407-980-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)