

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 002 ***150.00

DOCUMENT # **P970000B5410**

1. Entity Name

L&H Mobile Bookkeeping Service Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

308 Azalea Plaza Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8112
Suite, Apt. #, etc.

City & State

Palatka FL 32177

City & State

Palatka, FL

Zip

32177

Country

Prinam

Zip

32178

Country

Prinam

4. FEI Number

59-3467723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Leon K. Hill

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

117 GMAIL Ln.

City

Palatka

FL

Zip Code

32177

**DO NOT WRITE
IN THIS SPACE**

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

Leon Hill

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	PRESIDENT		
	Leon K. Hill		
	117 GMAIL Ln.		
	Palatka, FL 32177		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-B-02 386-325-0026

Date

Daytime Phone #

CR2E034B (12/01)