## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000085934** Jan 19, 2000 8:00 am **Secretary of State** H & T STRUCTURAL SERVICES, INC. 01-19-2000 90159 017 \*\*\*150.00 Principal Place of Business Mailing Address 4141 HONEYSUCKLE CIR 4141 HONEYSUCKLE CIR MIDDLEBURG FL 32068 MIDDLEBURG FL 32068-5634 HS FCCF000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-347 1550 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARKHUFF, TERRY Street Address (P.O. Box Number is Not Acceptable) 4141 HONEYSUCKLE CIR MIDDLEBURG FL 32068 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CARKHUFF, HOWARD T NAME 4141 HONEYSUCKLE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CARKHUFF, TERRY L NAME 4141 HONEYSUCKLE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIDDLEBURG FL 32068 ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 impowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE: >

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD T. CARKINUFF 1/12/2000 (904)282-