

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90311 017 ***150.00

DOCUMENT # **P97006108516**

1. Entity Name

H + H ANTIQUE ENTERPRISES, Inc ✓

Principal Place of Business

Mailing Address

**804 Lake Ave
 Lake Worth, FL
 33460**

**804 Lake Ave
 Lake Worth, FL 33460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0803677

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00050370

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Hanson, Kenneth E
 804 Lake Ave.
 Lake Worth, FL 33460**

Name

Louis W. Retfield

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

7326 Lake Worth Rd.

City

Lake Worth

FL

Zip Code

33467

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 **Louis W. Retfield**
 Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

4/24/00
 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, 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 Delete
 NAME **DPT Hanson, Kenneth E.**
 STREET ADDRESS **804 Lake Ave**
 CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVS Hanson, Sandra M.**
 STREET ADDRESS **804 Lake Ave**
 CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Kenneth E. Hanson

President

4/26/00

561-533-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #