œ
90
92
×
2
9

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900006811 1. Entity Name H & H CONSULTING & MANAGEMENT COMPANY, INC.					May 15, 2001 8:00 am Secretary of State 05-15-2001 90076 049 ***150.00			
Principal Place of Business Mailing Address 19531 GULF BLVD, UNIT 19 19531 GULF BLVD, UNIT 19 INDIAN SHORES FL 33785 INDIAN SHORES FL 33785					C : 1 : 1 8 (2 5 4 英 3 4 5 4)			
2. Principal Place of Business 19531 Gulf Blud. Suite, Apt. #, etc.*		3. Mailing Address 19531 Gulf Blvd. Suite Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	79	# 5/9 City & State		1			Applied For	
INDIA	u Shores, Fl.	INdian Sh		4.	FEI Number 59-3552861		Not Applicable	
3378S	Country Pinellas	33785	Pinellas	5.	Certificate of Status Desired	□ \$8.75 A Fee Requ		
	6. Name and Address of Current R		Ness		Name and Address of New Re	egistered Agent		
HORD, RICHARD 19531 GULF BLVD, UNIT 19					rd Hord Box Number is Not Acceptable)		
INDIA	N SHORES FL 33785		195	531 6	Bulf Blud. #	519		
			City	لبدالصلة	<i>C</i> .		785	
8. The above	named entity submits this statement for	the purpose of changing	g its registered office				.~~	
Tax filing r	Signature, typed or printed name of registered agent all praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NO	NOTE: Registered Agent sign DW!!! FEE IS \$150 , 2001 Fee will be	0.00 \$550.00	n reinstating) 10. Election Campaign Fin. Trust Fund Contribution		5.00 May Be ded to Fees	
11,	OFFICERS AND E	<u> </u>	ayable to Departme		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORD, RICHARD 19531 GULF BLVD, UNIT 19 INDIAN SHORES FL 33785	☐ Delete	TITLE NAME STREET ADDRESS OITY-ST-ZIP	Hord 1953	, Richard I Gulf Blud. # 3 au Shores, Fl. 337	□ Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBOLT, LARRY 19531 GULF BLVD, UNIT 19 INDIAN SHORES FL 33785	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harb 1953	olt, Larry I Gulf Blud 4. au Shores, Fl. 3:	□ Chan 5/9	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-S1-ZIP			☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		☐ Chan	ige Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Char	nge Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	s		☐ Char	nge	

13. I hereby 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, with all other like empowered.

SIGNATURE:

April 30, 2001 727.5/5.7588

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: **Sausence**

April 30, 2001 727 515 7588