

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000015563**1. Entity Name
H & L ENTERTAINMENT, INC.

Principal Place of Business 333 72ND AVE SAINT PETERSBURG FL 33706	Mailing Address PO BOX 66900 SAINT PETERSBURG FL 33706
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2. Principal Place of Business
46 THATCH PALM EAST3. Mailing Address
P. O. BOX 2601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LARGO FL	City & State LARGO FL
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4. FEI Number
59-3558077Applied For
Not Applicable

Zip 33779	Country	Zip 33779	Country
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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**HAMRIC SANDRA
333 72ND AVE

SAINT PETERSBURG FL 33706 US

Name
HAMRIC SANDRAStreet Address (P.O. Box Number is Not Acceptable)
46 THATCH PALM EASTCity
LARGO FL Zip Code
33779

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 _____ **03/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	P	<input type="checkbox"/> Delete
NAME	HAMRIC SANDRA	
STREET ADDRESS	333 72ND AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRIC SANDRA	
STREET ADDRESS	46 THATCH PALM EAST	
CITY-ST-ZIP	LARGO FL 33779	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra Hamric

P

03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)