

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000030284**1. Entity Name
P & H ENTERPRISES OF TALLAHASSEE, INC.

Principal Place of Business 514 W. GAINES ST. TALLAHASSEE FL 32301	Mailing Address 514 W. GAINES ST. TALLAHASSEE FL 32301
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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
59-3567198Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHARVEY PAUL M
514 W. GAINES ST.TALLAHASSEE FL
32301**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 _____ **02/01/2001**
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**

TITLE	S	<input type="checkbox"/> Delete
NAME	HARVEY PAUL	
STREET ADDRESS	730 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	T	<input type="checkbox"/> Delete
NAME	PERKINS STEPHEN	
STREET ADDRESS	730 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HARVEY PAUL	
STREET ADDRESS	730 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	P	<input type="checkbox"/> Delete
NAME	PERKINS STEPHEN	
STREET ADDRESS	730 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS STEPHANIE A	
STREET ADDRESS	730 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS STEPHANIE A	
STREET ADDRESS	730 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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

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: STEPHANIE PERKINS

P

02/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)