

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031442

1. Entity Name

DOUBLE H ENTERPRISES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90016 021 ***158.75

Principal Place of Business

Mailing Address

1375 COR-JESU COURT
 LONGWOOD FL 32750

1375 COR-JESU COURT
 LONGWOOD FL 32750-3304

2. Principal Place of Business

3. Mailing Address

1022 W. S.R 436

Suite, Apt. #, etc.
 Ste 1022

Suite, Apt. #, etc.

City & State
 Altamonte Springs, FL

City & State

Zip
 32714

Zip

Country
 U.S.

4. FEI Number

59-3589141

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMP, E D
 1375 COR-JESU COURT
 LONGWOOD FL 32750

Name

KERRY J. Hamann

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

1375 Cor Jesu Court

City

Longwood

FL

Zip Code

32750

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2000

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	SPDT	<input checked="" type="checkbox"/> Delete
NAME	KEMP, E D	
STREET ADDRESS	1375 COR-JESU COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(P/S) President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY J. Hamann	
STREET ADDRESS	1375 Cor Jesu Court	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	(V/T) V.P., Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY W. HAMANN	
STREET ADDRESS	1375 Cor Jesu Court	
CITY-ST-ZIP	Longwood, FL 32750	
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		
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: *Kerry W. Hamann*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KERRY W. Hamann 4/17/00 786-5024

CR2E034 (9/99)