

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051246

1. Entity Name

HNH, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90390 010 ***150.00

0014543

Principal Place of Business
1742 WOODMERE DRIVE
JACKSONVILLE FL 32210

Mailing Address
1742 WOODMERE DRIVE
JACKSONVILLE FL 32210

check new

2. Principal Place of Business
305 Marsh Cove Lane
Suite, Apt. #, etc.

3. Mailing Address
305 Marsh Cove Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach
Zip
32082
Country
ST. Johns

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Ponte Vedra Beach
Zip
32082
Country
ST. Johns

4. FEI Number 59-3585013
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCMORROW, THOMAS F ESQ
1301 RIVERPLACE BLVD SUITE 1836
JACKSONVILLE FL 32207
new

7. Name and Address of New Registered Agent
Name
MCMorrow, Thomas F ESQ
Street Address (P.O. Box Number is Not Acceptable)
3707 Hendricks Avenue
City
Jacksonville
FL
Zip Code
32207

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 *Linda Crofton* *Leslie* *430-467-6051*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CROFTON, LINDA W	
STREET ADDRESS	1742 WOODMERE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFTON, LINDA W	
STREET ADDRESS	305 Marsh Cove Lane	
CITY-ST-ZIP	Ponte Vedra Beach Florida 32082	
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		
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: *Linda Crofton* *4-9-01* *9045378520*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)