## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000079109 1. Entity Name H & H GOURMET IMPORTS, INC. 05-14-2001 90022 016 \*\*\*150.00 Principal Place of Business Mailing Address 1159 FIRST ST. SOUTH, SUITE 1 P. O. BOX 799 WINTER HAVEN FL 33882 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #\_ etc. DO NOT WRITE IN THIS SPACE 165 FIRST ST.S City & State 4. FEI Number Applied For 59-3592021 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, RUSSELL C Street Address (P.O. Box Number is Not Acceptable) 1165 First STREET Sout 1159 FIRST ST. SOUTH, SUITE 1 \_WINTER HAVEN FL 33880 Zip Code FL 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME HOLDEN, CANDACE H STREET ADDRESS STREET ADDRESS 237 MANATEE RD, SE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884-1446 ☐ Delete ☐ Change Addition TITLE HART, RUSSELL C NAME NAME STREET ADDRESS STREET ADDRESS 700 E. LAUREL AVE. CITY-ST-ZIP CITY-ST-ZIP EAGLE LAKE FL 33830 ... Delete ☐ Change Addition TITLE TITLE NAME HART, JANET B NAME STREET ADDRESS STREET ADDRESS 700 E. LAUREL AVE. CITY-ST-ZIP CITY-ST-7IP EAGLE LAKE FL 33830 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLÉ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 recent error 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. Russell C. Hart.

4/27/01 863-291-4677

Davime Phone #