

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52449

1. Entity Name

T & H SERVICES, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90024 042 \*\*\*150.00

Principal Place of Business

5515 15TH STREET E.  
BRADENTON FL 34203  
US

Mailing Address

PO BOX 1016  
ONECO FL 34264-1016  
US

2. Principal Place of Business

T & H SERVICES, INC.

3. Mailing Address

PO BOX 1016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ONECO FL

4. FEI Number 65-0267309

Applied For  
Not Applicable

Zip

Country

Zip  
34264

Country

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

6. Name and Address of Current Registered Agent

HERRING, HUGH R.  
12357 17TH ST.  
SARASOTA FL 34234

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

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, 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

TITLE DP  
NAME HERRING, HUGH R.  
STREET ADDRESS 1257 17TH ST.  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE DV  
NAME SHIMMELL, THOMAS  
STREET ADDRESS 2932 PARK LANE DRIVE  
CITY-ST-ZIP BRADENTON FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HUGH R. HERRING  
STREET ADDRESS 6513 95 ST CTE  
CITY-ST-ZIP BRADENTON FL 34202

☒ Change ☐ Addition

TITLE DV  
NAME THOMAS SHIMMELL  
STREET ADDRESS 4013 27 Ave W.  
CITY-ST-ZIP BRADENTON FL 34205

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)