

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V02147**1. Entity Name
AH&E, INC.Principal Place of Business
**522 PINE FOREST TRAIL
ORANGE PARK FL 32073**Mailing Address
**522 PINE FOREST TRAIL
ORANGE PARK FL 32073**2. Principal Place of Business
1514 STONEBRIAR ROAD3. Mailing Address
1514 STONEBRIAR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GREEN COVE SPRINGS FLCity & State
GREEN COVE SPRINGS FL4. FEI Number **59-3098711**

Applied For

Not Applicable

Zip
32043Country
CLAYZip
32043Country
CLAY5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, C. HOLT, III
233 EAST BAY STREET
SUITE 930
JACKSONVILLE FL 32202**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
HARVEY, H. GENE
4326 BLACKJACK ALLEY
JACKSONVILLE FL 32210** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
HARVEY, H. GENE
1514 STONEBRIAR ROAD
GREEN COVE SPRINGS FL 32043** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
HARVEY, ANNIE E
4326 BLACKJACK ALLEY
JACKSONVILLE FL 32210** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
HARVEY, ANNIE E
1514 STONEBRIAR ROAD
GREEN COVE SPRINGS FL 32043** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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: **H. GENE HARVEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JAN. 24, 2001**
Date**904/529-9905**
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)