

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08886

1. Entity Name

L & H SILKSCREEN SPECIALTIES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90016 011 ***150.00

Principal Place of Business

4771 SOUTHWEST 70TH TERRACE
 DAVIE FL 33314
 US

Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.
 1650 SOUTHEAST 17TH STREET STE 301
 FORT LAUDERDALE FL 33316-1735
 US

2. Principal Place of Business

3. Mailing Address

C/O GRUBER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT

Zip

Country

Zip

Country

4. FEI Number

65-0284055

Applied For

Not Applicable

5. 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

HODGE, MICHAEL T.
 4771 SOUTHWEST 70TH TERRACE
 DAVIE FL 33314

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	HODGE, MICHAEL T.	
STREET ADDRESS	4771 SOUTHWEST 70TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.	
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL T. HODGE 2/12/00 954-522-2222

Date

Daytime Phone #

CR2E034 (9/99)