

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90448 047 \*\*\*150.00

DOCUMENT # V08886

1. Entity Name
L & H SILKSCREEN SPECIALTIES, INC.

Principal Place of Business
4771 SOUTHWEST 70TH TERRACE
DAVIE FL 33314 -4107
US
Mailing Address
C/O GRUBER AND ASSOCIATES, P.A. SUITE
1650 SOUTHEAST 17TH STREET STE 301
FORT LAUDERDALE FL 33316-1733
US

929904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State
SUITE 301

4. FEI Number 65-0284055
Applied For
Not Applicable

Zip 33314-4107 Country
Zip Country

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

6. Name and Address of Current Registered Agent
HODGE, MICHAEL T.
4771 SOUTHWEST 70TH TERRACE
DAVIE FL 33314 -4107

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code 33314-4107

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

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. One entry for Michael T. Hodge is present.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors in 11. Includes fields for Title, Name, Street Address, and City-ST-ZIP. One entry for Michael T. Hodge is present.

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] MICHAEL T. HODGE 3/11/01 904-222-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/00)