

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90965 011 ***150.00

DOCUMENT # **V08886**

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



Principal Place of Business
6700 GRIFFIN ROAD
FORT LAUDERDALE FL 33314
US

Mailing Address
C/O GRUBER AND ASSOCIATES, P.A.
~~1650 SOUTHEAST 17TH STREET, SUITE 801~~
6550 North Federal Highway, Suite 522
FORT LAUDERDALE FL ~~33316-1705~~ **33308-1404**
US



2. Principal Place of Business
ROAD

3. Mailing Address
Suite, Apt. #, etc.
6550 North Federal Highway Suite 522

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
City & State

Suite, Apt. #, etc.
City & State

4. FEI Number **65-0284055**

Applied For
 Not Applicable

Zip **33308-1404** 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 33314-4107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL T. HODGE** 2/12/03 **954-522-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)