

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90123 035 ***150.00

DOCUMENT # P99000109447

1. Entity Name
H202 CORPORATION

Principal Place of Business Mailing Address

**520 SE 8TH AVE.
 CRYSTAL RIVER FL 34429** **P.O. BOX 976
 CRYSTAL RIVER FL 34423-0976**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **SA-3621224** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HUBBARD, JEREMIAH A D.O.
 520 SE 8TH AVE.
 CRYSTAL RIVER FL 34429**

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 _____ (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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Overton
STREET ADDRESS	1231 N Circle Dr
CITY-ST-ZIP	Crystal River FL 34429
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Overton
STREET ADDRESS	1231 N Circle Dr
CITY-ST-ZIP	Crystal River FL 34429
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeremiah A Hubbard
STREET ADDRESS	520 SE 8th Ave
CITY-ST-ZIP	Crystal River FL 34429
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tana Hubbard
STREET ADDRESS	520 SE 8th Ave
CITY-ST-ZIP	Crystal River FL 34429
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: Jeremiah A. Hubbard Date: 4-25-00 Daytime Phone #: (352) 745-1380