

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91032 042 \*\*\*150.00

**DOCUMENT # F02000002943**

**1. Entity Name**  
**FLORIDA HFI, INC.**



**Principal Place of Business**  
**3721 JUNCTION BLVD**  
**RALEIGH NC 27603**

**Mailing Address**  
**3721 JUNCTION BLVD**  
**RALEIGH NC 27603**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **56-2171767**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WEBB, W. KETIH**  
**220 STOWE AVE STE. 41**  
**ORANGE PARK FL 32073**

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**

Signature, typed or printed name of registered agent and title if applicable.

(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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CT	<input type="checkbox"/> Delete
NAME	MAST, DENNIS L	
STREET ADDRESS	3721 JUNCTION BLVD	
CITY-ST-ZIP	RALEIGH NC 27603	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARBEE, THOMAS F	
STREET ADDRESS	3721 JUNCTION BLVD	
CITY-ST-ZIP	RALEIGH NC 27603	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, W. KEITH	
STREET ADDRESS	220 STOWE AVE STE. 41	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWAILES, CAROL A	
STREET ADDRESS	3721 JUNCTION BLVD	
CITY-ST-ZIP	RALEIGH NC 27603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

209712 9925

Date

Daytime Phone

CR20034 (10/02)