2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F22768 **DOCUMENT #**

1. Entity Name

R.H. PROPERTIES, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90251 027 ***150.00

Principal Place of Business 4651 NW 6TH ST SUITE A GAINESVILLE FL 32609 US		Mailing Address 4651 NW 6TH ST SUITE A GAINESVILLE FL 32609 US 3. Mailing Address								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State	City & State				4. Fi	59-2070605	Not	olied For Applicable		
Zip	Country	Zip	, e maga	Coun	try	•· - - •	· · · · · · · · · · · · · · · · · · ·	\$8.75 Addi Fee Required		
£ Non	ne and Address of Current Re	egistered	Agent			7. N	ame and Address of New Registered	Agent		
6. Name and Address of Current registerer 19					Name	·			1	
HUDGINS, JEAN A 1035 SOUTH FLORIDA AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 235 LAKELAND FL 33803				City		F		j		
8. The above named er the obligations of reg	ntity submits this statement for tripletered agent.	the purpo	se of changing its	register	ed office or re	egistered age	ent, or both, in the State of Florida. I ar	n familiar with, a	and accept	
SIGNATURE	ped or printed name of registered agent an	d title if appli	cable. (NOT	E: Registere	ed Agent signature	required when re	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.	Added	0 May Be I to Fees	
	OFFICERS AND D		38	11.		AD	DITIONS/CHANGES TO OFFICERS A	VD DIRECTORS	3 IN 11	
STREET ADDRESS 1035 S	NS, JEAN A . FLORIDA AVE, STE 235 AND FL 33803	<u> </u>	☐ Delete	1	1	Rob 1939	st H. Hudgins Keland, PC 33803	Change Ste 2-3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			Delete	ST	LE ME REET ADDRESS IY-ST-ZIP			☐ Change	Addition Addition	
CITY-ST-ZIP TITLE NAME			☐ Delete	711	rle Me			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 attachraent with an address

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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