

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90151 006 \*\*\*158.75

**DOCUMENT # F65199**

1. Entity Name  
**H. F. M. AND ASSOCIATES, INC.**

Principal Place of Business <b>HORACE F MATHIS</b> <b>JOHN ANDERSON DRIVE</b> <b>BEACH FL 32176-1122</b>	Mailing Address <b>% HORACE F MATHIS</b> <b>1113 JOHN ANDERSON DRIVE</b> <b>ORMOND BEACH FL 32176-4122</b>
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2. Principal Place of Business <b>86 DIANNE DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 1595</b> Suite, Apt. #, etc.
City & State <b>ORMOND BEACH, FL</b> Zip <b>32176</b>	City & State <b>ORMOND BEACH, FL</b> Zip <b>32175-1595</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2162234</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MATHIS, HORACE F</b> <b>1113 JOHN ANDERSON DRIVE</b> <b>ORMOND BEACH FL 32176</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>86 DIANNE DRIVE</b> City <b>ORMOND BEACH</b> FL Zip Code <b>32176</b>
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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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PC</b> <b>MATHIS, HORACE F</b> <del><b>1113 JOHN ANDERSON DR</b></del> <del><b>ORMOND BCH, FL 00000</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>86 DIANNE DRIVE</b> <b>ORMOND BEACH, FL 32176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST</b> <b>MATHIS, JUDITH S</b> <del><b>1113 JOHN ANDERSON DR</b></del> <del><b>ORMOND BCH, FL 00000</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>86 DIANNE DRIVE</b> <b>ORMOND BEACH, FL 32176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2/15/2000** **904 615 0804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)