

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90159 050 ***150.00

0032305 AV

DOCUMENT # F97000003230

1. Entity Name

HIMES ASSOCIATES, LTD. CORPORATION

Principal Place of Business

**429 SEABREEZE BLVD
SUITE # 210
FT. LAUDERDALE FL 33316
US**

Mailing Address

**429 SEABREEZE BLVD
SUITE #210
FT. LAUDERDALE FL 33316
US**

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

54-1383719

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FAULKENBERRY, JOHN T
429 SEABREEZE BLVD
SUITE 210
FT. LAUDERDALE FL 33316**

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

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

(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, 2002 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	PCEO	<input type="checkbox"/> Delete
NAME	HIMES, PAUL	
STREET ADDRESS	10600 ARROWHEAD DRIVE STE 110	
CITY-ST-ZIP	FAIRFAX VA 22030	

TITLE	EV	<input type="checkbox"/> Delete
NAME	RIVERS, MARK S	
STREET ADDRESS	10600 ARROWHEAD DR STE 110	
CITY-ST-ZIP	FAIRFAX VA	

TITLE	RV	<input type="checkbox"/> Delete
NAME	FAULKENBERRY, JOHN T	
STREET ADDRESS	2455 SE SUNRISE BLVD STE 815	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKENBERRY, John T	
STREET ADDRESS	429 Seabreeze Blvd, Suite 210	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)