2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State G44931 DOCUMENT # 1. Entity Name 05-02-2002 90060 002 ***150.00 MH INVESTMENTS, INC. Mailing Address Principal Place of Business % PHILLIP M. MOYER % PHILLIP M. MOYER 14333-58TH STREET, N. 14333-58TH STREET, N. CLEARWATER FL 34620 **CLEARWATER FL 34620** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2304133 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required ----7.─Name and Address of New Registered Agent =--6. Name and Address of Current Registered Agent Name MOYER, PHILLIP M. Street Address (P.O. Box Number is Not Acceptable) 14333-58TH STREET, N. CLEARWATER FL 34620 Zip Code City FL 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be Flection Campaign Financing After May 15/2002 Fee Will be \$550,000 Wake Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Delete TITLE NAME MOYER, PHILLIP M. NAME STREET ADDRESS 14333-58TH STREET, N. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HARPER, JAMES R. STREET ADDRESS 311 PARK PLACE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL --- Change TITLE Delete TITLE STD STD NAME Ğeorge S. Benson 14333 58th Street North NAME George S. Benson STREET ADDRESS STREET ADDRESS 14333 58th Street North Clearwater, FL. <u>33</u>76<u>0</u> CITY-ST-7IP CITY-ST-ZIP Florida 33760 Clearwater<u>,</u> ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. 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 receive or trustee empowered to execute (his 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 entrowered.

SIGNATURE:

SIGNATURE

Date

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