

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06204

1. Entity Name  
HM 2 CORPORATION

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90103 006 \*\*\*150.00

Principal Place of Business      Mailing Address  
7074 TICO RD      7075 TICO RD  
TITUSVILLE FL 32780-8118      TITUSVILLE FL 32780-8118  
US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

7075 Tico Rd      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

32780-8118      US

4. FEI Number      Applied For  
59-2419414      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOUNT KRISTY A  
7075 TICO RD  
TITUSVILLE FL 32780

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      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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	MOUNT, KRISTY A	
STREET ADDRESS	7075 TICO RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOUNT, DONN E.	
STREET ADDRESS	7075 TICO RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kristy Mount      DATE: 2-11-00      DAYTIME PHONE #: 407-269-3370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)