2002 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2002 8:00 am Secretary of State DOCUMENT # H11750 1. Entity Name 02-15-2002 90021 042 ***150.00 HULME CONSTRUCTION, INC. Principal Place of Business Mailing Address 12060 STAR RD 12060 STAR RD **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE _____ City & State City & State 4. FEI Number Applied For 59-2474743 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, JÓNATHAN D., ESQ. Street Address (P.O. Box Number is Not Acceptable) 3295-B COMMERCIAL WAY SPRING HILL FL 33526 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME HULME, CHARLES DAVID STREET ADDRESS 12060 STAR RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE, FL 34613 ☐ Delete ☐ Change ☐ Addition NAME HULME, REBECCA JO STREET ADDRESS STREET ADDRESS 12060 STAR RD CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE, FL 34613** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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

tulme 01-28-02 352-596-0022

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