

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90010 022 ***150.00

HCUJJ401



DO NOT WRITE IN THIS SPACE

DOCUMENT # J51479

1. Entity Name

H & M OF OSCEOLA, INC.

Principal Place of Business

Mailing Address

1524 N. BERMUDA AVE
FL 347411524 N BERMUDA AVE
KISSIMMEE FL 34741-3219
US

2. Principal Place of Business

1524 N. John Young Pkwy
Suite, Apt. #, etc.
N/A

3. Mailing Address

1524 N. John Young Pkwy
Suite, Apt. #, etc.
N/A

City & State

Kissimmee, FL

City & State

Kissimmee, FL 34741

Zip

34741

Country

USA

Zip

34741

Country

USA

4. FEI Number

59-2761850

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS D. HOWAT, JR.
1524 N JOHN YOUNG PKWY
KISSIMMEE FL 34741

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DPS	<input type="checkbox"/> Delete
NAME	HOWAT, THOMAS D., JR.	
STREET ADDRESS	6343 PINEY GLEN LN	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HOWAT, D. SHANE	
STREET ADDRESS	6343 PINEY GLENN LANE	
CITY-ST-ZIP	ORLANDO FL	
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		
TITLE		<input type="checkbox"/> Delete
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		
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:

Thomas D. Howat, Jr 4-25-00 4078466900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #