

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009096

1. Entity Name

HM INVESTMENTS, LLC

Principal Place of Business

11469 BENSHOFF AVENUE
BROOKSVILLE FL 34601

Mailing Address

11469 BENSHOFF AVENUE
BROOKSVILLE FL 34601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3238833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLTON, MICHAEL
11469 BENSHOFF AVENUE
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name RONALD J. MARTIN

Street Address (P.O. Box Number is Not Acceptable)

9230 CAMBERLY BEND #102

City FORT MYERS

FL

Zip Code 33908

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOLTON, MICHAEL
STREET ADDRESS 11469 BENSHOFF AVENUE
CITY- ST- ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE MGR
NAME MARTIN, RONALD J
STREET ADDRESS 890 BEACH ROAD
CITY- ST- ZIP SANIBEL FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGR
NAME MARTIN, RONALD J
STREET ADDRESS 9230 CAMBERLY BEND #102
CITY- ST- ZIP FORT MYERS, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED RONALD J. MARTIN

3/28/02 941-395-1011

Date

Daytime Phone

FILED
Jun 19, 2002 8:00 am
Secretary of State

04-10-2002 90017 045 ****50.00



DO NOT WRITE IN THIS SPACE

CH2ED83 (8/01)