

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90136 049 ***150.00

00746398 AV

DOCUMENT # L37854

1. Entity Name
MEL HIMES AND ASSOCIATES INSURANCE AGENCY, INC.

Principal Place of Business % MELVIN FRANKLIN HIMES, JR. 1200 DELTONA BLVD #61 DELTONA FL 32725	Mailing Address % MELVIN FRANKLIN HIMES, JR. 1200 DELTONA BLVD #61 DELTONA FL 32725
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2. Principal Place of Business 321 Stratford Commons DR. Suite, Apt. #, etc.	3. Mailing Address 321 Stratford Commons DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Deltona Florida	City & State Deltona Florida	4. FEI Number 59-2933057	Applied For Not Applicable
Zip 32725	Country USA	Zip 32725	Country USA

6. Name and Address of Current Registered Agent HIMES, MELVIN FRANKLIN, JR. 1200 DELTONA BLVD STE 61 DELTONA FL 32725	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIMES, MELVIN FRANKLIN 2125 E. PARKTON DR DELTONA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Melvin Himes* **MEL F. HIMES JR** **4-3-2002** **386-574-3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)