

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000122

1. Entity Name  
HIS PROPERTIES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business  
~~10700 S.W. GREENRIDGE LANE~~  
~~PALM CITY FL 34990~~

Mailing Address  
10700 S.W. GREENRIDGE LANE  
PALM CITY FL 06073-2224



2. Principal Place of Business  
~~149 SOUTH ANKLE DR~~  
Suite, Apt. #, etc.

3. Mailing Address  
~~149 SOUTH ANKLE DR~~  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ~~813 S.W. RIVER COURT~~  
~~SO. GLASTONBURY CT~~  
City & State ~~SO. GLASTONBURY CT~~  
Zip ~~06033~~ Country ~~USA~~

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Zip ~~06033~~ Country ~~USA~~

4. FEI Number 65-0722390  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
WALKER, BRYANT H  
~~10700 S.W. GREENRIDGE LANE~~  
~~PALM CITY FL 34990~~

7. Name and Address of New Registered Agent  
Name BRYANT WALKER  
Street Address (P.O. Box Number is Not Acceptable)  
813 S.W. RIVER COURT  
~~149 SOUTH ANKLE DR~~  
City ~~SO. GLASTONBURY CT~~ FL Zip Code ~~06033~~

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 *Bryant Walker* DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. HIS PROPERTIES, INC. 10700 S.W. GREENRIDGE LANE PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIS CARE & REPAIR, INC. 10700 S.W. GREENRIDGE LANE PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, BRYANT H 10700 S.W. GREENRIDGE LANE PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARTMAN, ERIC R 813 S.W. RIVER COURT PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003165562--2 -03/10/00--01094--012 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition rf 3/7/00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *Bryant Walker* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date Daytime Phone #

CR2E083 (9/99)