## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 15, 2002 8:00 am Secretary of State DOCUMENT # M81727 1. Entity Name 05-15-2002 90141 039 \*\*\*150 00 H & M CUSTOM HOMES, INC. Principal Place of Business Mailing Address 4410 NORTHEAST 26TH AVENUE 4410 NORTHEAST 26TH AVENUE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0055219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASSEY, EVAN, JR. Street Address (P.O. Box Number is Not Acceptable) 3232 N.E. 28TH AVENUE marina. LIGHTHOUSE POINT FL 33064 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 DPT ☐ Delete TITLE Change Addition HART, STEVEN NAME NAME 4410 NE 26TH AVE. STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete MASSEY, EVAN, JR. NAME NAME 4410 NE 26TH AVE: STREET ADDRESS STREET ADDRESS <del>LIGHTHOUSE POINT F</del>L CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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 supply mental 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 protester 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 attachmon with an address, with all other like empowered.

RED Steven DItent 423/02/95499

FILED