

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00086

1. Entity Name

THE HUMANITIES EXCHANGE, INC.

Principal Place of Business

PO BOX 1608
LARGO FL 33779
US

Mailing Address

PO BOX 1608
LARGO FL 33779
US

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

59-2364930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLSON, WILLIAM M., ESQUIRE
1230 S. MYRTLE AVE.
STE 105
CLEARWATER FL 34616

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.

(NOT Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWARTH, SHIRLEY REIFF ☐ Delete
STREET ADDRESS 100 BLUFF VIEW DR. #606C
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE STD
NAME EUSTACE, JOSEPH G. ☐ Delete
STREET ADDRESS 100 BLUFF VIEW DR. #606C
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE D
NAME HOWARTH, BEVERLEY G ☐ Delete
STREET ADDRESS 498 NW 7TH AVE.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

Shirley Reiff Howarth

Shirley Reiff Howarth

727-581-7328

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90162 005 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)