2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000005417

1. Entity Name

HBHCLHUD 3, INC.



FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90109 027 ****70.00

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Principal Place of Business Ma				Mailing Address								
				O. BOX 428 IEW PORT RICHEY FL 34656-0428					 • • • • • • • • • • • • • • • • • •	.20(1) 10/0/ 6(1)	8188) (1881) (1882) (1886)	
2. Principal Place of Business 3				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	e	. City & State					4. FEI Number 59-3212745 Applied For Not Applicable					
Zip Country			Zip C			ıntry					5 Additional Required	
6. Name and Address of Current Reg				l Agent		7. Name and Address of New Registered Agent						
		1				Name			/			
TORRENCE, ALFRED W JR. 6645 RIDGE RD.						Street Address (P.O. Box Number is Not Acceptable)						
PORT RICHEY FL 34668				Cit			FL Zig				ip Code	\dashv
												_
	named entity ions of registe	submits this statement for ered agent.	or the purpo	se of changing its	registere	ed office or	registere	ed agent, or both, in th	ne State of Florida	. I am familia	r with, and accer	at
SIGNATURE .	Oleven	or printed name of registered agent	sist if ii	(AIOT	- Decister	d Agent signate	ro required	when reinstating)		DATE		}
	Signature, typed	or printed hame or registered agent	ана ине и арри	caole. (NOTE	negistere	a Agent signati	ne required	when reasoning/		DATE		_
		,										-
FILE NOW: FEE IS \$61.25 9. Election Campai						_	\Box	\$5.00 May Be		Check Pay		ł
	•	¥ 1,		Trust Fund Centribution.				Added to Fees	Florida I	Departmen	t of State	ı
10.		OFFICERS AND DI	PECTORS		11.			L DDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTO	OBS IN 10	\dashv
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increase certain that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE