2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000002782 1. Entity Name HINTON BUSINESS ENTERPRISES, INC. 05-14-2001 90099 027 ***150.00 Principal Place of Business Mailing Address 513 LAKE SADDLEBAGS DR. 513 LAKE SADDLEBAGS DR. AKEPLACID FL 33852 PMB-276 LAKE PLACID FL 33852 .S. Highway 27 South 2. Principal Place of Business B-27 513 LAKeSa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Highwar 27 South Gity & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 38 Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINTON, BENJAMIN JR. Street Address (P.O. Box Number is Not Acceptable) 513 LAKE SADDLEBAGS DR. LAKE PLACID FL 33852 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE (ES IDEN TITLE ☐ Change Addition Delete BENJAMIN HIMOU JR NAME NAME STREET ADDRESS 1010 US Highway 27 Sou STREET ADDRESS CITY-ST-ZIP <u>YON PARIL FI</u> VICE ☐ Addition Executive ☐ Change TITLE NAME STREET ADDRESS NAME U.S. Highway 27 3 STREET ADDRESS PMB-276 CITY-ST-ZIP CITY-ST-ZIP AVON PARK Addition TITLE TITI F ☐ Change NAME 1010 US Highway 27 S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.