

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90931 021 ***150.00

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DOCUMENT # P00000036209

1. Entity Name
HISTORY MEANS BUSINESS, INCORPORATED



Principal Place of Business
103 HALF MOON CIRCLE D2
HYPOLYXO FL 33462

Mailing Address
103 HALF MOON CIRCLE D2
HYPOLYXO FL 33462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0999334**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, ROD LANCE
~~**3540 WHITEHALL DR BLD 12 #303**~~
~~**WEST PALM BEACH FL 33401**~~

New Address Same as Company
103 HALF MOON CIRCLE D2
HYPOLYXO FL 33462

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD**
NAME **MORTON, ROD LANCE**
STREET ADDRESS ~~**3540 WHITEHALL DR #303**~~
CITY-ST-ZIP ~~**WEST PALM BEACH FL 33401**~~

New Address Same as Company
103 HALF MOON CIRCLE D2
HYPOLYXO FL 33462

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

TITLE **VD**
NAME **MORTON, HELENA C**
STREET ADDRESS ~~**3540 WHITEHALL DR #303**~~
CITY-ST-ZIP ~~**WEST PALM BEACH FL 33401**~~

New Address:
103 HALF MOON CIRCLE D2
HYPOLYXO FL 33462

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

☐ Delete
TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 607, 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

Rod Lance Morton **04-02-03** **561-585-3364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)