

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90022 017 ***150.00

DOCUMENT # P00000050026

1. Entity Name
H&B MORTGAGE CORP.

Principal Place of Business

~~301 N. HWY 27~~
~~SUITE D~~
CLERMONT FL 34711

Mailing Address

~~301 N. HWY 27~~
~~SUITE D~~
CLERMONT FL 34711

2. Principal Place of Business

834 MAPLE FOREST AVE
 Suite, Apt. #, etc.

3. Mailing Address

834 MAPLE FOREST AVE
 Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

Country

34711 LAKE

Zip

Country

34711 LAKE

4. FEI Number **59-3648015**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COLON, HECTOR M
834 MAPLE FOREST AVENUE
CLERMONT FL 34711

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.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PSTD**
 NAME **COLON, HECTOR M** ☐ Delete
 STREET ADDRESS **834 MAPLE FOREST AVENUE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VPD**
 NAME **MEDINA, BETSY Y** ☐ Delete
 STREET ADDRESS **834 MAPLE FOREST AVENUE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
 STREET ADDRESS
 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.

SIGNATURE:  **HECTOR M. COLON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02
 Date

352-243-9897
 Daytime Phone #

CR2E034 (9/01)