FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90306 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70047279

DOCUMENT # P00000060047

1. Entity Name
HHM ST. PETE, INC.

Principal Place of Business	Mailing Address
101 16TH AVE S ST. PETERSBURG, FL 33701	101 16TH AVE S ST. PETERSBURG, FL 33701

2. Principal Place of Business	3. Mailing Address
3870 Spyglass Hill Rd	3870 Spyglass Hill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota Florida	City & State: Sarasota Florida
Zip: 34238 Country: USA	Zip: 34238 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3675071 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOYKE, TYLER V
101 16TH AVE S
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable) ~~3870 Spyglass Hill~~ Rd

City Sarasota FL Zip Code 34238

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT CHOYKE, TYLER V 101 16TH AVE S ST. PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT CHOYKE, TYLER V 3870 SPYGLASS HILL RD SARASOTA FL 34238	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CHOYKE, PAULA C 101 16TH AVE S ST. PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CHOYKE, PAULA C 3870 SPYGLASS HILL RD SARASOTA FL 34238	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Paula C Choyke VP 4/18/03 (941) 924-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #