FILED
May 19, 2003 8:00 am
Secretary of State
01-06-2003 90023 034 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041211

1. Entity Name
H & M LUGERING, INC.

55041579

Principal Place of Business: ~~3125 ROUND LAKE RD. APOPKA FL 32712~~ 3507 Round Lake Rd Apopka Fl. 32712

Mailing Address: ~~3125 ROUND LAKE RD. APOPKA FL 32712~~ P.O. Box 704 Zellwood Fl. 32798

2. Principal Place of Business: 3507 Round Lake Rd. Suite, Apt. #, etc.: Apopka Fl. 32712 City & State: Apopka, Fl. 32712 Zip: 32712 Country: Orange

3. Mailing Address: H+M Lugering P.O. Box 704 Suite, Apt. #, etc.: Zellwood Fl. 32798 City & State: Apopka Fl. 32712 Zip: 32712 Country: Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3715457 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LUGERING, HENRY S Henry S. Lugering
~~3125 ROUND LAKE RD.~~ 3507 Round Lake Rd Apopka Fl
~~APOPKA FL 32712~~ P.O. Box 704 Zellwood Fl. 32798

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

SIGNATURE [signature] 1-2-03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUGERING, HENRY S	NAME	
STREET ADDRESS	~~3125 ROUND LAKE RD.~~ 3507 Round Lake Rd P.O. Box 704	STREET ADDRESS	
CITY-ST-ZIP	~~APOPKA FL 32712~~ Zellwood, Fl. 32798	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARGERET, LUGERING	NAME	
STREET ADDRESS	~~3125 ROUND LAKE RD~~ 3507 Round Lake Rd P.O. Box 704	STREET ADDRESS	
CITY-ST-ZIP	~~APOPKA FL 32712~~ Zellwood, Fl. 32798	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 [signature] 1-22-03 407 889 5086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)