

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90060 035 \*\*\*150.00

**DOCUMENT # P01000059636**

1. Entity Name  
**THE HUMAN TRUST, INC.**

Principal Place of Business

POST OFFICE BOX 7221  
PORT ST. LUCIE FL 34985

Mailing Address

POST OFFICE BOX 7221  
PORT ST. LUCIE FL 34985

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1107282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DYKES, VELTON S**  
**1633 S.W. BELLEVUE AVENUE**  
**PORT ST. LUCIE FL 34953**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **TD** ☒ Delete  
NAME **SCHEVERS, KEVIN J**  
STREET ADDRESS **1867 SW IMPORT DRIVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **PD** ☐ Delete  
NAME **DYKES, VELTON S**  
STREET ADDRESS **POST OFFICE BOX 7221**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34985**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-1-02**

**772-871-2880**

CR2E034 (4/02)

*Attachment*

*9-78716*

*# P0100005-9636*

Division of Corporations  
Tallahassee Florida

September 01, 2002

RE: The Human Trust Inc.

I was not aware that the filing fee was due before I received this current notice. I called your office and spoke to someone about not receiving the first notice and they informed me that I could pay the original \$150 fee at this time if I included this letter.

Thank you



Velton S Dykes  
President  
The Human Trust Inc.