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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

Apr 07, 2003 8:00 am Secretary of State P02000008938 DOCUMENT # 04-07-2003 90155 007 ***150.00 1. Entity Name HOUGH MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 1301 GRASSLANDS BLVD. 1301 GRASSLANDS BLVD. LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address 1838 4.0 / Box Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Numbe 80-0029438 aKela Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6:-Name and Address of Current Registered Agent Name **BUCHANAN INGERSOLL PROFESSIONAL CORPORATIO** Street Address (P.O. Box Number is Not Acceptable) 401 E. JACKSON ST., STE 2500 **TAMPA FL 33602** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ;R2E034 (10/02) TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOUGH, JAMES N NAME NAME 1301 GRASSLANDS BLVD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TiTLE ☐ Change SWALSTAD, CLAYTON NAME 1301 GRASSLANDS BLVD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Délete TITLE Change -- - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME N/IME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of changed, or on an attachment with

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIE

CITY-ST-ZIF

TITLE

NAME STREET ADDRESS

☐ Defete

☐ Change

☐ Addition