

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90086 036 ***150.00

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DOCUMENT # P02000033331

1. Entity Name
HBA REALTY, INC.



Principal Place of Business
**ONE HARGROVE GRADE
SUITE 1F
PALM COAST FL 32137**

Mailing Address
**ONE HARGROVE GRADE
SUITE 1F
PALM COAST FL 32137**



2. Principal Place of Business
Same as above
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEJ Number

47-0862501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIUMENTO, MICHAEL D III
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137**

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 reappointing)

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 ☐ Delete
NAME **D**
STREET ADDRESS **FORREST, RUSS**
CITY-ST-ZIP **ONE HARGROVE GRADE #1F
PALM COAST FL 32137**

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **BARBARA REVELS**
CITY-ST-ZIP **PO Box 434
Flagler Beach, FL 32136**

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **JEFF PETERSON**
CITY-ST-ZIP **ONE HARGROVE GRADE #1F
PALM COAST FL 32137**

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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 another like empowered.

SIGNATURE:

JEFF PETERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03 386 445 899

CR2E034 (10/02)