FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000123177 1. Entity Name

HUMES ENTERPRISES, INC.



FILED

03 OCT -8 AM 8: 29

SECRETARY OF STATE

| DO NOT WRITE IN THIS SPACE | | | | | | TALLAHASS | older mu | חוטרי | |
|---|----------------|---|--|---|---|--|-------------------|--|--|
| 2. Principal Place of Business 3711 SW 160TH AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 3711 SW 160TH AVENUE Suite, Apt. #, etc. | | | REINSTATEMENT 07 DO NOT WRITE IN THIS SPACE | | | | |
| City & State MIRAMAR, FL | | City & State MIRAMAR, FL | | | 4. FEI N | 4. FEI Number 42-1568107 Applied For Not Applied | | | |
| 33028 Cox 33028 US | intry A | Zip 33028 | Country USA | · | 5. Certif | icate of Status Desired | □ \$8 Fe | 3.75 Additional e Required | |
| DO NOT WRITE | | | | 7. Name and Address of Current Registered Agent Name HUMES, RYAN Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| IN THIS SPACE | | | 37 | 3711 SW 160TH AVENUE | | | | | |
| | | City MIRAMAR | | | | FL | Zip Code 33028 | | |
| 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 Sprenture invoked or provided margin of regulations argent and late it applicable. (NOTE: Regulatored Agri | | | | | | | | | |
| Jarruary / May 1 Fee Vs \$150.00 After May 1 Fee is \$550.00 Antended UBR is \$61.25 Make Check Payable to Florida Department of State | | | | signature required | | Election Campaign Finar Trust Fund Contribution. | DATE | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND D | RECTORS | | 256 | Section and | (15/18/12/47/74/12/74/24/12/14/14) 14 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP DP - RYAN F 3711 SW 166 MIRAMAR, F | OTH AVENUE | | HALE STREET ADD CITY ST. ZE | ALCOHOLD TO THE STATE OF | (3) 1 | 20001234 30003800025 | 41 | 19:2 150:00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | title Name Street alem City_ST-ZP | STATE STATE | | | | a de la companya de l | |
| tile Mase Street adoress MTY-ST-ZIP | | | STREET AGEN | essed firest and | DO NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CATY-ST-ZIP | | | THE MANE STREET ADON CITY ST ZIP | GH 522 FX 42 GV 7 | | IN THIS S | PAG | Ē | |
| TITLE NAME SINGEL ADDRESS: CITY-ST-ZIP | | | COLA SEL SERIE | | | | | i ka | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TALE WAVE STREET ADDR CITY ST - 789 | there investores | | | | | |

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 emgowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ___

RYAN HUMES RYAN F

9/23/03

754-581-3366

Daytma Frione #

HUMES ENTERPRISES, INC.

3711 SW 160TH AVENUE MIRAMAR, FL 33028 (754) 581-3366

September 23, 2003

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 --TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

My corporation never received the 2003 UBR form. I have downloaded the appropriate form from the Internet and filled it out. I have enclosed this form along with my check for \$150.00. Please waive any penalties associated with this mishap for it was not the fault of the corporation. Thanks for your assistance.

Sincerely,

Ryan Humes

President