2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90102 038 ***158.75

DOCUMENT # P02000130787

1. Entity Name
H & M INVESTMENTS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
2371 HADDON HALL PL CLEARWATER FL 33764-7509	2371 HADDON HALL PL CLEARWATER FL 33764-7509

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1100 Tarpon Woods Blvd.		1100 Tarpon Woods Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Harbor, FL		City & State: Palm Harbor, FL	
Zip: 34685	Country: Pinellas	Zip: 34685	Country: Pinellas

4. FEI Number 65-1164445 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUSTON, JOHN R.
2371 HADDON HALL PL
CLEARWATER FL 33764-7509

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME Gregory McClimans STREET ADDRESS 401 Druid Rd., W CITY-ST-ZIP Clearwater, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE T/S NAME Julie Jones STREET ADDRESS 1801 East Lake Road, #17-C CITY-ST-ZIP Palm Harbor, FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 3/18/03 (727) 784-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #