

# 2004 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000133194**

1. Entity Name

**HSM & JC CORP.**

Principal Place of Business

Mailing Address

**23187 PEACHLAND BLVD**

**23187 PEACHLAND BLVD**

**PORT CHARLOTTE, FL 33954**

**PORT CHARLOTTE, FL 33954**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**16-1645493**

Applied For

Not Applicable

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

**KAYUSA, MICHAEL F ESQ.**

**1922 VICTORIA AVENUE SUITE A**

**FORT MYERS FL 33901**

Name

**TAX HOUSE CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)

**1261 E SAMPLE RD**

City

**POMPAÑO BEACH**

**FL**

Zip Code

**33064**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**10/22/2004**

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 \$150.00**  
After MAY 1, 2004 Fee will be \$550.00  
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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **DA COSTA, JOSE FERREIRA**  
CITY-ST-ZIP **23187 PEACHLAND BLVD**  
**PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **TIRADENTES, HEITOR**  
CITY-ST-ZIP **23187 PEACHLAND BLVD**  
**PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DTS**  
STREET ADDRESS **MURRIETTA TIRADENTES, CELINDA**  
CITY-ST-ZIP **23187 PEACHLAND BLVD**  
**PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/22/2004**

Date

Daytime Phone #

(941) 627-0910

FILED

04 OCT 25 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600042165236  
10/25/04--01082--013 \*\*150.00

RENOTATED  
DO NOT WRITE IN THIS SPACE

04

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2004 Uniform Business Report (UBR)  
P.O. Box 6327  
Tallahassee, FL 32314

P02000133194

HSM & JC CORP.

To Whom It May Concern:

This letter is to inform you that the corporation mentioned above has been made inactive for non-payment of the Annual Report which had a deadline of 05/01/2004.

Unfortunately, I did not receive notice of our obligation to file an annual report. As a result of this misunderstanding I was unaware of my corporation becoming inactive. I now want to reinstate it, but I am asking that the reinstatement fee be waived. Along with this letter I am including a check of \$150.00.

Thank you for your attention, should you have any questions please do not hesitate to contact me using the information listed below.

Sincerely,



HSM & JC CORP.  
Jose Ferreira da Costa - President  
23187 Peachland Blvd  
Port Charlotte, FL 33954  
Phone: (941) 627-0910