FILED
Aug 04, 2003 8:00 am
Secretary of State

07-10-2003 90114 011 ***150.00
08-04-2003 90144 010 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133194

10110741

1. Entity Name
HSM & JC CORP.

Principal Place of Business	Mailing Address
23184 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954	23184 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	4. FEI Number
23187 PEACHLAND BVD Suite, Apt. #, etc.	23187 PEACHLAND BVD Suite, Apt. #, etc.	16-1645493 ☐ Applied For ☐ Not Applicable
City & State: PORT CHARLOTTE FL	City & State: PORT CHARLOTTE FL	
Zip: 33954 Country: N/A	Zip: 33954 Country: N/A	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 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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $400.00
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	PVST JOSE FERREIRE DE COSTA 23184 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOSE FERREIRA DA COSTA 23187 PEACHLAND BLVD. PORT CHARLOTTE FL. 33954 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSE FERREIRE DE COSTA 23184 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HEITOR TIRADENTES 23187 PEACHLAND BLVD. PORT CHARLOTTE FL 33954 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS CELINDA MURRIETTA TIRADENTES 23187 PEACHLAND BLVD. PORT CHARLOTTE FL 33954 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 06/30/03 (941)627-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #