

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05096

1. Entity Name
HMC ENTERPRISES, INC.

Principal Place of Business

~~2838~~ RINGLING BLVD.
SARASOTA FL 34237

Mailing Address

~~2838~~ RINGLING BLVD.
SARASOTA FL 34237

2. Principal Place of Business

2868 Ringling Blvd
Suite, Apt. #, etc.

3. Mailing Address

2868 Ringling Blvd
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3000255

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

COATS, HAROLD
2858 RINGLING BLVD.
SARASOTA FL 34237
2868

Name

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

2868 Ringling Blvd

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PD
NAME COATS, HAROLD
STREET ADDRESS 2858 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS 2868 Ringling Blvd
CITY-ST-ZIP

TITLE VD
NAME WIDERBERG, WILLARD B.
STREET ADDRESS 217 N MCLEAN BLVD.
CITY-ST-ZIP ELGIN IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME COATS, MARLENE M.
STREET ADDRESS 2858 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS 2868 Ringling Blvd
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold E. Coats, Pres* HAROLD E. COATS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01
Date

941-953-2947
Daytime Phone #

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90008 033 ***150.00

965539



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)