

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90036 046 ***150.00

DOCUMENT # P28591

1. Entity Name

H.S. DIVINE, INC.

Principal Place of Business

8034 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Mailing Address

8034 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1056

00017700

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 13-2569117

5. Certificate of Status Desired ☐ \$8.75
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00
Added to

11. OFFICERS AND DIRECTORS

TITLE PD
NAME DIVINE, HAROLD S.
STREET ADDRESS 8034 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND FL ☐ Delete

TITLE SD
NAME DIVINE, RITA L.
STREET ADDRESS 8034 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
HAROLD S. DIVINE, PRES.

1/31/00

(305) 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #