FILED May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR 05-05-2003 91870 034 ***150.00 DOCUMENT # P37666 HUBER HOUSE, INC. Principal Place of Business Mailing Address **5 HARMONY LANE 5 HARMONY LANE** HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 2. Principal Place of Business 3. Malling Address 1100 SW Shoreline Dr 1100 SW Shoreline Dr Suite, Apt. #, etc. Sulte, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Apt 102 <u>Apl.</u> 102 City & State City & State 4. FFI Number Applied For 23-0970770 City FL Palm Palm Not Applicable Country Zip Zip **\$8.75** Additional 5. Certificate of Status Desired 34990 34990 Fee Required Marka 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent HUBER, DOROTHY M 5 HARMONY LANE Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND, FL 33455 1100 SW Shoreline Dr. Apt 102 Palm <u>city</u> 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 primed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOWIF FEE IS \$160.00 After May 1: 2003 Fee will 6e \$550.00 Make Check Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE X Change Addition TITLE NAME HUBER, DOROTHY M. NAME JR2E034 (10/ 5 HARMONY LANE 1100 SW shoreline Dr. Apt. 102 STREET ADDRESS STREET ADDRESS HOBE SOUND, FL CITY-ST-2IP CITY-ST-ZIP Palm City FL 34990 TITLE Delete TOLE Addition DOWNING, DUTTERER NAME NAME lloo sw shareline Dr. Apt. Loz **5 HARMONY LANE** STREET ADDRESS STREET ADDRESS HOBE SOUND, FL CITY-ST-ZP CRY-ST-ZIP Palm City FL 34990 TITLE Delete TITLE ☐ Change ☐ Addition BULLOCK, DEBRA NAME NAME STREET ADDRESS 206 WELLINGTON DR STREET ADDRESS LINCOLNTON, NC 28092 CITY-ST-2IP CITY-ST-2P ☐ Delete TITLE Change 1116 ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS City-St-2IP C(1Y-S1-2P) TITLE ☐ Delete 3816 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-2IP

TITLE

NAME '

☐ Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZP

TITLE

NAMÉ

SIGNATURE AND TYPED OR PRINT ED NAME OF SIGNING OFFICER OR DIRECTOR

Provident

Y-30-00

772-546-4486

Caytima Phone #

☐ Change

Addition