

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016896

1. Entity Name  
HIS, MINE, AND OURS, INC.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90140 029 \*\*\*150.00

Principal Place of Business

2031 SCHULTE AVE.  
APT. 2  
DAYTONA BEACH FL 32118  
US

Mailing Address

2031 SCHULTE AVE.  
APT. 2  
DAYTONA BEACH FL 32118  
US

00014144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2032 SCHULTE AVE  
Suite, Apt. #, etc.

3. Mailing Address

2032 Schulte Ave  
Suite, Apt. #, etc.

City & State

Daytona Bch, FL  
32118 Volusia

City & State

Daytona Bch, FL  
32118 Volusia

4. FEI Number 59-3160756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIRES, TERESA  
2031 SCHULTE AVE., APT. 2  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: TERESA PIRES  
Street Address (P.O. Box Number is Not Acceptable): 2032 Schulte Ave  
City: DAYTONA Beach, FL Zip Code: 32118

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: Teresa Pires DATE: 2/3/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PIRES, ALFREDO	
STREET ADDRESS	2031 SCHULTE AVE., APT. 2	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIRES, TERESA	
STREET ADDRESS	2031 SCHULTE AVE., APT. 2	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRES, Alfredo	
STREET ADDRESS	2032 SCHULTE AVE.	
CITY-ST-ZIP	DAYTONA Beach FL 32118	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRES, TERESA	
STREET ADDRESS	2032 SCHULTE AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Teresa Pires DATE: 2/5/2001 DAYTIME PHONE #: 904-238-5395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)