## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P93000048470 **DOCUMENT #**

1. Entity Name



## FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90150 044 \*\*\*150.00

H&DM	IAINT & MOBILE HOME S	VC, INC.		
Principal Place of Business 340 TRAUB ROAD FT PIERCE FL 34982		Mailing Address 340 TRAUB ROAD FT PIERCE FL 34982		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0437497 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
MACY, DIANÉ L 340 TRAOB ROAD FT PIERCE FL 34982			Street Address 3 40	shard Macy s (PO. Box Number is Not, Acceptable) TROUB RC 16RC6 Fl 34982  FL 1 Zip Code
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department		•	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MACY, RICHARD D 340 TRAUB ROAD FT. PIERCE FL 34982	☐ 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
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
12. I hereby of indicated	ertify that the information supplied will on this report or supplemental report	th this filing does not qualify for t	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

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.

**SIGNATURE:** 

Date

Daytime Phone #