2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # P93000088350 1. Entity Name MMH of Volusia County, Inc. 05-31-2000 90049 011 ***150.00 2017 S. Ridgewood Avenue Principal Place of Business Mailing Address 2017 S. Ridgewood Avenue 2017 S. Ridgewood Ave South Daytona, Fl. South Daytona, Fl. D0056180 32119 32119 2. Principal Place of Business 3. Mailing Address 2017 S. Ridgewood Ave 2017 S. Ridgewood Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. South Dartoni. 🟸 Applied For City & State City & State 4. FEI Number Not Applicable South Daytona, Country South Daytona, Fl. 59-3216346 <u>_Fl</u> \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32119 6. Name and Address of Current Registered Agent USA 7. Name and Address of New Registered Agent Name__ Gary W, Moore 2017 S. Ridgewood Avenue Street Address (P.O. Box Number is Not Acceptable) South DaytonageFl 32119 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition ☐ Change TITLE Delete TITLE Pres/Dir NAME NAME Gary W. Moore STREET ADDRESS STREET ADDRESS 625 Pine Cone Tr CITY-ST-ZIP CITY-ST-ZIP HOlly Hill, Fl 32117 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE Sec/Tres/Dir NAME NAME Barry L. Moore STREET ADDRESS STREET ADDRESS 6100_Pheasant Ridge Dr CITY-ST-7IF CITY-ST-ZIP Port Orange, F1-32124 Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE Vice Pres/Dir NAME NAME James R. Hubert STREET ADDRESS STREET ADDRESS 696 Tumblebrook Dr. CITY-ST-ZIP CITY-ST-ZIP Port Orange, Fl. 32119 Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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. PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #