

2000 UNIFORM BUSINESS REPORT (UBR)

0001707

DOCUMENT # P95000029865

1. Entity Name

HIS PROPERTIES, INC.

FILED

00 FEB 24 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10700 S.W. GREENRIDGE LANE
PALM CITY FL 34990

10700 S.W. GREENRIDGE LANE
PALM CITY FL 06073-2224

2. Principal Place of Business

3. Mailing Address

813 S.E. RIVER CT DR

Suite, Apt. #, etc.

149 SOUTH MILL DR

Suite, Apt. #, etc.

City & State: PALM CITY, FL

City & State

SOUTH GLASTONBURY CT

City & State

Zip 34990 Country USA

Zip 06073 Country USA

4. FEI Number

65-0595344

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, BRYANT H
10700 S.W. GREENRIDGE LANE
PALM CITY FL 34990

Name: BRYANT WALKER
Street Address (P.O. Box Number is Not Acceptable): 813 SE RIVER CT DR
City: PALM CITY, FL 34990
State: FL 06073

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: WALKER, BRYANT
STREET ADDRESS: 10700 SW GREENRIDGE LANE
CITY-ST-ZIP: PALM CITY FL

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: S
NAME: WALKER, LORRY
STREET ADDRESS: 10700 S.W. GREENRIDGE LANE
CITY-ST-ZIP: PALM CITY FL 34990

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: T
NAME: HARTMAN, REBECCA M
STREET ADDRESS: 813 S.E. RIVER CT. DR.
CITY-ST-ZIP: PALM CITY FL 34990

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP
NAME: HARTMAN, ERIC
STREET ADDRESS: 813 SE RIVER CT DR
CITY-ST-ZIP: PALM CITY FL 34990

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00 860 565-0254

CR2E034 (9/99)