

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90177 005 ***150.00

DOCUMENT # P95000029865

1. Entity Name
HIS PROPERTIES, INC.



Principal Place of Business
**813 S.E. RIVER CT DR
PALM CITY FL 34990**

Mailing Address
**149 SOUTH MILL DR
SOUTH GLASTONBURY CT 06073
US**

696 S.W. WOOD CREEK DR.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM CITY

Same

City & State

City & State

FL.

FL.

Zip

Country

Zip

Country

34990

MARTIN

4. FEI Number **65-0595344**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, BRYANT H

~~**813 S.E. RIVER CT DR**~~

~~**PALM CITY FL 34990**~~

696 S.W. WOOD CREEK DR.

PALM CITY, FL. 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	WALKER, BRYANT	10700 SW GREENRIDGE LANE	PALM CITY FL	<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S	WALKER, LORRY	10700 S.W. GREENRIDGE LANE	PALM CITY FL 34990	<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	HARTMAN, REBECCA M.	813 S.E. RIVER CT. DR.	PALM CITY FL 34990	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	HARTMAN, ERIC	813 SE RIVER CT DR	PALM CITY FL 34990	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)