

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90092 024 ***150.00

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DOCUMENT # P96000094756

1. Entity Name
H.B. ASSOCIATES/DMC, INC.



Principal Place of Business

1570 MACCHESNEY DR
TARPON SPRINGS FL 34689
US

Mailing Address

1570 MACCHESNEY DR
TARPON SPRINGS FL 34689
US

419 N. Ring Ave.



2. Principal Place of Business

3. Mailing Address

419 North Ring Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

TARpon Spring FL

4. FEI Number **59-3410561**

Applied For
Not Applicable

Zip

Country

Zip

Country

34689

USA

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

HAMILTON-BLUM, ROBERTA
1570 MACCHESNEY DRIVE
TARPON SPRINGS FL 34689

Name

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

419 North Ring Ave
TARpon Springs FL

City

FL

Zip Code

34689

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

Robert Hamilton-Blum
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 ☐ Delete
NAME **PT**
STREET ADDRESS **HAMILTON-BLUM, ROBERTA S.**
CITY-ST-ZIP **1570 MACCHESNEY DR**
TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **419 N. Ring Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPS**
STREET ADDRESS **HAMILTON-BLUM, PETER W.**
CITY-ST-ZIP **1570 MACCHESNEY DR**
TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **419 N. Ring Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Robert Hamilton-Blum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03 727-937-3232

CR2E034 (10/02)