UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-19-2000 90047 042 ***150.00

DOCUMENT # P97000005305

H.C.M. Enterprises, Inc.

Principal Place of Business	Mailing Address
4344 S. Manhattan Ave. Tampa Fl. 33611	

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip / Country	

4. FEI Number ☐ 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
MCATEE HERBERT C 7300 - 20th St. No. ST. Petersburg Fl 33702	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DP Herbert C. McAtee 7300 - 20th St. No. St. Petersburg Fl. 33702 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Herbert C. McAtee 7300 - 20th St. No. St. Petersburg Fl 33702 ☒ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Herbert C McAtee 4-20-00 813-895-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #