FILED

²⁰⁰¹ UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # P97000015914 Secretary of State H & W PROPERTIES AND DEVELOPMENT, INC. 05-01-2001 90047 008 ***150.00 Principal Place of Business Mailing Address C/O 205 NORTH INDUSTRIAL DRIVE C/O 205 NORTH INDUSTRIAL DRIVE SUITE 1 STITE 1 ORANGE CITY FL 32783 -ORANGE CITY-FL 32763 -2. Principal Place of Business 3. Mailing Address 924 E. Rhode Island Ave PO Box 741674 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3489529 Orange City, Orange City Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32763 Fee Required 3277<u>4-1674</u> Volusia Volusia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Thaddeus S. Harty HARTY, THADDEUS S Street Address (P.O. Box Number is Not Acceptable) 924 E. Rhode Island C/O 205 NORTH INDUSTRIAL DRIVE SUITE 1-**ORANGE CITY FL 32763** Orange 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) 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, 2001 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. Delete Change TITLE HARTY, THADDEUS S NAME P. O. Box 741674 205 N INDUSTRIAL DRIVE SUITE 1-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orange City, FL 32774-1674 CITY-ST-ZIP ORANGE CITY FL 32763 Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.