2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # **P97000075039** 05-15-2001 90025 019 ***150.00 HUMBLE PROPERTIES, INC. Principal Place of Business Mailing Address 1648 TAYLOR RD 1648 TAYLOR RD 974481 SUITE 333 SUITE 333 DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. EEI Number 59-2464938 City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOVANOVICH, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 1648 TAYLOR RD SUITE 333 DAYTONA BEACH FL 32124 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Flection 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. ☐ Change ☐ Addition Delete TITLE TITLE YOVANOVICH, MICHAEL C PHD MAME 1648 TAYLOR RD SUITE 333 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32124 CITY-ST-7IP CITY-ST-ZIP 3917 CARDINAC GLUD. WILBER BYTHE SEN, FL 32127 TITLE ☐ Delete TITLE GRAHAM, EDSON H NAME 70 ALBERTA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP Channe Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an astrices, with all other like empowered.