

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 10, 2000 8:00 am
Secretary of State

06-05-2000 90021 009 ***150.00

DOCUMENT # P97000109063 ✓	
1. Entity Name HUMAN SCALE BUILDERS, INC.	
Principal Place of Business	Mailing Address 429 7th Ave N. Sax Bch FL 32250
2. Principal Place of Business	3. Mailing Address 429 7th Ave North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Sax Bch FL
Zip	Country USA
Country	Zip 32250

DO NOT WRITE IN THIS SPACE

4. EEL Number 59-311624		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Robert E. Eggers 429 7th Ave North Sax Bch FL 32250		7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert E. Eggers <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	pres Robert E. Eggers <input type="checkbox"/> Change <input type="checkbox"/> Addition 429 7th Ave N. Sax Bch FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC Stephen Lane <input type="checkbox"/> Change <input type="checkbox"/> Addition 8447 Pinewood Sax FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC John Graham <input type="checkbox"/> Change <input type="checkbox"/> Addition 5310 COSTA WAY Sax FL 32211
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
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
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

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2000 984
 2466088
 Date Daytime Phone #

CR2E034 (9/99)