

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90136 031 ***158.75

DOCUMENT # P98000089321

1. Entity Name

H & M PARTNERSHIP, INC.

Principal Place of Business

6446 HWY 77
SOUTHPORT FL 32409

Mailing Address

6446 HWY 77
SOUTHPORT FL 32409

2. Principal Place of Business

700 Aberdeen Loop

3. Mailing Address

700 Aberdeen Loop

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

LYNN HAVEN FL

City & State

PANAMA CITY FL

Zip

32405

Country

FLA

Zip

32405

Country

FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538121

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLMAN, B. KEITH
6446 HWY 77
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name

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

700 Aberdeen Loop

Suite A

City

PANAMA CITY

FL

Zip Code

32405

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)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, EDWARD W III	
STREET ADDRESS	6446 HWY 77	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLMAN, B. KEITH	
STREET ADDRESS	6446 HWY 77	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, EDWARD W IV	
STREET ADDRESS	6446 HWY 77	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, DENNIS	
STREET ADDRESS	6446 HWY 77	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700 Aberdeen Loop, Suite A
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700 Aberdeen Loop, Suite A
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700 Aberdeen Loop, Suite A
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700 Aberdeen Loop, Suite A
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (10/00)

B. Keith Mollman Sec/Treas 01/26/01 850-265-9473