2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P98000100689 **H&B DEVELOPERS. INC.** 05-07-2001 90047 002 ***150.00 Principal Place of Business Mailing Address 1281 SEMINOLE RD. 1281 SEMINOLE RD. ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 80049599 2. Principal Place of Business 3. Mailing Address Seminola Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3545351 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen **BURROWS, THOMAS W** Street Address (P.O. Box Number is Not Acceptable) 128 SEMINOLE RD ATLANTIC BEACH FL 32233 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. 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 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete HUNT, ROBERT L NAME STREET ADDRESS 126 SEMINOLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 TITLE ☐ Change Addition Delete TITLE ADKINS, MILDRED NAME NAME STREET ADDRESS 126 SEMINOLE RD STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP CITY-ST-ZIP TSD- = -- 🔲 Addition TITLE" TITLE BURROWS, THOMAS W NAME NAME STREET ADDRESS 128 SEMINOLE RD STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4-27-01 904-707-9672
Date Dayline Phone #