

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90081 020 \*\*\*150.00

**DOCUMENT # P99000038963**

1. Entity Name  
**DICKS MORTGAGE & FINANCIAL, INC.**  
*H&L Enterprises of Lake City, Inc.*

Principal Place of Business ROUTE 1, BOX 131 LULU FL 32061	Mailing Address POST OFFICE BOX 1947 LAKE CITY FL 32066-1947
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Rt. 22 Box 22000</i>	3. Mailing Address <i>Rt. 22 Box 22000</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Lake City, Fl.</i>	City & State <i>Lake City, Fl.</i>
Zip <i>32024</i>	Country

4. FEI Number <b>59-3581356</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DICKS, A. LEONARD**  
 ROUTE 1, BOX 131  
 LULU FL 32061

7. Name and Address of New Registered Agent  
 Name *HERMAN E. HAMPTON*  
 Street Address (P.O. Box Number is Not Acceptable)  
*Rt. 22 Box 22000*  
 City *LAKE CITY* FL Zip Code *32024*

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 *Herman E. Hampton President* DATE *4-26-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DICKS, LEONARD</b> <b>RT 1 BOX 131</b> <b>LULU FL 32061</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Herman Hampton</b> <b>Rt. 22 Box 22000</b> <b>Lake City, Fl. 32024</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 powers.

SIGNATURE: *Herman E. Hampton* DATE: *4-17-01* DAYTIME PHONE #: *908 752 6575*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CR2E034 (10/00)