

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90163 001 ***300.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S31995 1. Entity Name HISTORIC FAMILIES, INC.					
Principal Place of Business 1037 W. 28TH ST. ORLANDO, FL 32805			Mailing Address 1037 W. 28TH ST. ORLANDO, FL 32805		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3110654	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAHER, PATRICK J. 1037 W 28TH ST ORLANDO, FL 32805					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHER, PATRICK J 1037 W. 28TH ST. ORLANDO, FL 32805	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHER, JOSEPH P 1037 W. 28TH ST. ORLANDO, FL 32805	☐ Delete			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: <u><i>P. J. Maher</i></u> 4/30/03 107-872-7695 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

55038108



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)