2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66843



FILED Feb 28, 2003 8:00 am Secretary of State

HUBCA	lame P AND RIN	MS, INC.					02-28-2003 901	25 047 ***15	60.00	
Principal Place of Business 333 ARBOR DRIVE EAST PALM HARBOR FL 34683 Wailing Address 333 ARBOR DRIVE EAST PALM HARBOR FL 34683 US) (1884 Shere chia shar rem bidda h	4 818)) 8(8)) 8)8)) ole	li Afair Biris (Aus	
2. Principa	l Place of Busin	ness	3. Ma	ailing Address						
<u> </u>	ot. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE [®] IF MAKING CHANGES			
City & State			City	/ & State	,		4. FEI Number 59-3171498	⊢	Applied For	
Zip		Country	Zip	·	Country		5. Certificate of Status Desired	¬ \$8.75 A	Not Applicable	
	6. Name	and Address of Cui	rrent Register	ed Agent			7. Name and Address of New Regis	= ree Hequ	ired=	
KITTS .i.		· · · · · · · · · · · · · · · · · · ·			Name		7. Name and Address of New Hegis	terea Agent		
KITTS, JAMES M. 333 ARBOR DR. E					Street Add	dress (P.C	D. Box Number is Not Acceptable)	·		
PALM HA	ARBOR FL 34	1683								
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the obliga	e named entity ations of registe	/ Submits this stateme ered agent	ent for the purp	ose of changing its	registered office or re	egistered	agent, or both, in the State of Florida.	I am familiar with	and accept	
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SIGNATURE	Signature, typed of	or printed name of registered	agent and title if ann	licable (NOTE	Donintered 4					
			-g id iiid ii cpp	ilicable. (NOTE	: Registered Agent signature r	required whe	en reinstating)	DATE		
F	FILE NOW!!!	EEE IC 61E0 OO				***				
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I nereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPE OF SPANTER OF SPANT

SIGNATURE: \(\sigma\)