## ∷⊃RM BUSINESS REPORT (UBR)

Mailing Address

835 SYCAMORE ST. P.O. BOX 1263

TITUSVILLE FL 32781-1263

## **JMENT # 739556**

Haine

Principal Place of Business

835 SYCAMORE ST.

**SIGNATURE:** 

P.O. BOX 1263 TITUSVILLE FL 32780

## HARESSIVE ACTION SOCIETY, INCORPORATED

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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number Applied For Not Applicable				
Zip		Country	Zip Co.		intry	5. Certificate o		of Status Desired		\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent	ealstered Agent		7. Name and Address of New Registered Agent					
		Name									
SMITH, LE	ROY G			Street Address			s (P.O. Box Number is Not Acceptable)				
814 SYCA											
	E FL 32780										
TTTOOTILL	L T L 32/00				City	FL Zip Code					
• The above	named entity	aubmita this statement fo	or the number of changing its	rogistore	nd office or	rogistor	od agent, or both	in the state of Ele	vida		
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.											
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SIGNATURE											
	···	<u>-</u>									
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FILE NOW: FEE IS \$61.25			Trust Fund Contrib	'y 🗀.		O May Be I to Fees	*	Make Check Payable to Department of State			
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10.		OFFICERS AND DI	 RECTORS	CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD		☐ Delete				Change Addition				
NAME	. –	ERBERT W COOLEY		NAME							
STREET ADDRESS	843 HUNTER PARK PLACE			STREET ADDRESS							
CITY-ST-ZIP	TITUSVILLE FL				ST-ZIP	ļ				-	
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CITY-ST-ZIP		1845 VALLEY LANE TTUSVILLE FL			CITY-ST-ZIP		75 004	rey Gri	~ —		
		: <u> </u>		-		/+	44301/	1 1 1 C		Change	Addition
TITLE NAME	PD	201	☐ Delete	NAME						☐ Change	Addition
	SMITH, LE				- Et address						
CITY-ST-ZIP		MORE STREET			-ST-ZIP						
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NAME STREET ADDRESS		E. CANNION		1	ET ADDRESS	17	Clifford Lett LANC. 1725 Country LANC. Titusville, FL			ı	
CITY-ST-ZIP		IEDRAL WAY			·ST-ZIP	٠ ١	Luc 2 1//2	. /E/			
	TITUSVILLE	: rL		-		1:1	wo U; ile	- 111 -			Addition
TITLE	VP INTO IO	1 No. 147	☐ Delete	TITLE						☐ Change	☐ Addition
NAME PERSONAL ADDRESS	HINES, JO			NAM	ET ADDRESS						
STREET ADDRESS	2940 CAR\										}
CITY-ST-ZIP	MIMS FL 3	2754		CHY-	-ST-ZIP						

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Mar 16, 2000 8:00 am Secretary of State

03-16-2000 90090 032 \*\*\*\*61.25