FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90245 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F02000002346**

1. Entity Name
HRA MANAGEMENT CORPORATION

11017234

Principal Place of Business	Mailing Address
225 OSPREY COURT VERO BEACH, FL 32963	225 OSPREY COURT VERO BEACH, FL 32963

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1701 HWY A1A	1701 HWY A1A
Suite, Apt. #, etc. SUITE 304	Suite, Apt. #, etc. SUITE 304
City & State VERO BEACH FL	City & State VERO BEACH FL
Zip 32963 Country INDIAN RIVER	Zip 32963 Country INDIAN RIVER

4. FEI Number **61-1408617** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET, 3RD FLOOR
JACKSONVILLE, FL 32201-0240

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTCD SMICK, TIMOTHY S 225 OSPREY COURT VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1701 HWY A1A, SUITE 304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SIMMONS, DANIEL 225 OSPREY COURT VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1701 HWY A1A, SUITE 304
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CR2E034 (10/02)

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, with all other like empowered.

SIGNATURE: Timothy S. Smick 4-24-2002 772-492-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TIMOTHY S. SMICK