2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800053682 1. Entity Name HRS GROUP, INCORPORATED					Secretary of State 04-09-2002 90061 028 ***150.00			
Principal Place of Business 1925 CONIFER CT WINTER PARK FL 32792		Mailing Address 10151 UNIVERSITY BLVD. #235 ORLANDO FL 32817						
2. Principal P		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN TH			
City & State	edo, FL	City & State		4. 1	El Number 59-3514951		plied For t Applicable	}
3276	Country Country S 6. Name and Address of Current R	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Require		
1925 CON WINTER P	UILLO, EVELYN IIFER COURT PARK FL 32792 I named entity submits this statement for	the purpose of changing its $/ M_{\alpha X} C_{\alpha Y}$	City C	B6N Ovie	J. Lake Claire Journal of the State of Florida.	Civore	765	
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	d site if applicable. (NOT FILE NOW After May 1, 20 Make Check Paya	IE: Registered Agent signatur III FEE IS \$150.0 D02 Fee will be \$55 ble to Department	0 50.00 of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRASQUILLO, EVELYN 1925 CONIFER CT WINTER PARK FL 32892	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presid Carra	Ditions/Changes to Officers Jent Spuilly Noemi Dicalce Claire Cive edo FL 32765	Channe	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO CARRASOUILLO, MAX 986 N LAKE CLAIRE CIRCLE OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. :	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	Certify that the information supplied with t d on this report or supplemental report is i rporation or the receiver or trustee empo- l, or on an attachment with an address, w	true and accurate and that	my signature snail na t as required by Chai	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; thida Statutes; and that my name appe	r certify that the in lat I am an officer lars in Block 11 o	nformation or director r Block 12 if	

SIGNATURE: