

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 198981**1. Entity Name  
**H.A.C. FINANCE, INC.****FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90075 015 \*\*\*150.00

0348871

Principal Place of Business <b>NCNB BANK BLDG. 9385 NORTH 56TH STREET, SUITE 303 TEMPLE TERRACE FL 33617</b>	Mailing Address <b>NCNB BANK BLDG. 9385 NORTH 56TH STREET, SUITE 303 TEMPLE TERRACE FL 33617</b>
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**A0022986**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-0861140</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent****WELKER, ROBERT F., ATTY AT LAW  
9385 N. 56TH STREET  
SUITE 303, NCNB BANK BLDG.  
TEMPLE TERRACE FL 33617****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.**SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST WELKER, ROBERT F. 9385 N 56TH ST #303 TEMPLE TERRACE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELKER, ROBERT F. 9285 N. 56TH ST. #303 TEMPLE TERRACE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-12-2001 813.9855517**

CR2E034 (10/00)