

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394924

1. Entity Name

HDA SERVICE CORPORATION

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90131 049 \*\*\*158.75

Principal Place of Business

Mailing Address

112 GREENWOOD ROAD  
SPRUCE PINE NC 28777  
US

P.O. BOX 948  
SPRUCE PINE NC 28777-0948  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
38 Greenwood Road

3. Mailing Address

Suite, Apt. #, etc.  
Suite 10

Suite, Apt. #, etc.

City & State  
Spruce Pine, NC 28777-0948

City & State

4. FEI Number 59-1387582

Applied For  
Not Applicable

Zip  
28777-0948

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESIDENT AGENT CORPORATION OF PINELLAS  
980 TYRONE BLVD  
ST. PETERSBURG FL 33710

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
AYLESWORTH, DEBORAH  
MCKINNEY MINE ROAD  
LITTLE SWITZERLAND NC 28749 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Deborah Aylesworth* (Deborah D. Aylesworth, President)

4/13/2000

828-766-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)