

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90035 043 ***150.00

DOCUMENT # 394924

1. Entity Name
HDA SERVICE CORPORATION

Principal Place of Business

Mailing Address

**38 GREENWOOD RD
 STE 10
 SPRUCE PINE NC 28777-0948
 US**

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

2. Principal Place of Business

3. Mailing Address

**784 Caribou Road #3
 Suite, Apt. #, etc. #3**

Suite, Apt. #, etc.

City & State
Asheville, NC

City & State
Asheville, NC

Zip
28803-0128

Country
USA

Zip
28813-0128

Country
USA

4. FEI Number **59-1387582**

Applied For
 Not Applicable

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, 2001 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
PSD
 NAME
AYLESWORTH, DEBORAH
 STREET ADDRESS
MCKINNEY MINE ROAD
 CITY-ST-ZIP
LITTLE SWITZERLAND NC 28740

TITLE
 NAME
 STREET ADDRESS
784 Caribou Road, #3
 CITY-ST-ZIP
Asheville, NC 28803

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 CITY-ST-ZIP

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, President** 03/21/2001 828/277-0518
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah Aylesworth

CR2E034 (10/00)