FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am **DOCUMENT # 465675 Secretary of State** HLG MANAGEMENT, INC. 02-15-2001 90094 009 \*\*\*150.00 Principal Place of Business Mailing Address 13225 101ST STREEET S.E. 13225 101ST STREEET S.E. LARGO FL 33773 **LARGO FL 33773** Ü\$ US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-1563056 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELCHER, DOUGLAS H Street Address (P.O. Box Number is Not Acceptable) 13225 101ST STREEET S.E. C/O HLG MANAGEMENT LARGO FL 33773 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, TITLE ☐ Delete TITLE ☐ Change GOTTLIEB, HOWARD NAME NAME STREET ADDRESS 13225 101ST STREEET S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 vsd TITLE Change ☐ Addition □ Delete TITLE BELCHER, DOUGLAS H NAME NAME STREET ADDRESS 13225 101ST STREEET S.E. STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS ČITY- ST-ZIP 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

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2/08/01 (727) 584-1413