2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 535641

1. Entity Name

HBA SERVICES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State
01-24-2000 90090 034 ***150.00

Principal Place of Business	Mailing Address
544 MAYO AVENUE MAITLAND FL 32751	544 MAYO AVENUE MAITLAND FL 32751-4573

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 59-1747007 ☐ 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
J WALLACE WEST 544 MAYO AVENUE MAITLAND FL 32751	Name: Thomas S. Lagomarsino Street Address (P.O. Box Number Is Not Acceptable): 544 Mayo Ave City: Maitland FL Zip Code: 32751

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: Thomas S. Lagomarsino 3/1/00
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	SD BRADICK, RAY 544 MAYO AVE MAITLAND FL 32751	☐ Delete	AVP Bradick, Ray 544 Mayo Ave Maitland, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWRENCE FLEMING 544 MAYO AVE MAITLAND FL 32751	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOLEN, WILLIAM T 544 MAYO AVE MAITLAND FL 32751	☐ Delete	PD NOLAN, William T. 544 Mayo Ave Maitland, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED THOMAS S LAGOMARSINO 544 MAYO AVE MAITLAND FL 32751	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOEHRING, KIM 544 MAYO AVE MAITLAND FL 32751	☐ Delete	VPD Goehring, Kim 544 Mayo Ave Maitland, FL 32751	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVPD CUMMINS, DENISE 544 MAYO AVE MAITLAND FL 32751	☒ Delete	TD Clayton, Charles 544 Mayo Ave Maitland, FL 32751	☐ Change ☒ Addition

CR2E034 (9/99)

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 REQUIRED Thomas S. Lagomarsino 1/18/00 (407)629-9842 x101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #