

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90012 009 ***150.00

DOCUMENT # 646761

1. Entity Name
HRB BUSINESSES OF FLORIDA, INC.

Principal Place of Business

2459 HWY 1 SOUTH
SUITE 9
ST. AUGUSTINE FL 32086

Mailing Address

PO BOX 1012
CITRA FL 32113
US

2. Principal Place of Business

2459 HWY 1 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

CITRA FL

Zip

32086

Country

ST JOHNS

Zip

32113

Country

US

4. FEI Number

59-1940939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORNETTE, LILLIAN
2730 US HWY S
SUITE P
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name **Patrick D. Manrose**
 Street Address (P.O. Box Number is Not Acceptable)
18475 NW 4th Terrace
 City **Citra** FL **32113**

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **MANROSE, PATRICK D**
 STREET ADDRESS **18475 NW 4TH TERRACE**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE **SD** ☐ Delete
 NAME **MANROSE, CAROLE C**
 STREET ADDRESS **18475 NW 4TH TERRACE**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

1-16-2002

106-523 1040

CR2E034 (9/01)