

2001 UNIFORM BUSINESS REPORT (UBR)

0013164 AF

DOCUMENT # **A98000000012**

1. Entity Name

HNS PROPERTIES, LTD.

Principal Place of Business

**520 S DIXIE HWY.
STUART FL 34994**

Mailing Address

**4605 SE WILLIAMS WAY
STUART FL 34997**

FILED

01 JAN 29 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804547

Applied For

Not Applicable

Zip

Country

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

**SCANIO, PETER
520 S DIXIE HWY.
STUART FL 34994**

Name **SCANIO, PETER**

Street Address (P.O. Box Number is Not Acceptable)
4605 SE WILLIAMS WAY

City **STUART, FL** Zip Code **34997**

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

Peter Scanio **PETER SCANIO**

JAN. 19, 2001
DATE

9. Capital Contributions
as Shown on record.

\$387,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$387,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L23277**
NAME **REGAL SYSTEMS INTERNATIONAL, INC.**
STREET ADDRESS **520 S DIXIE HWY.**
CITY-ST-ZIP **STUART FL 34994**

STREET ADDRESS **4605 SE WILLIAMS WAY**
CITY-ST-ZIP **STUART, FL 34997**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **200003630902--7**
-02/02/01--01093--002
*******526.25 *****526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Peter Scanio **PETER SCANIO**

JAN. 19, 2001
DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (11/00)