

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001656 AF

**DOCUMENT # A98000002664**

1. Entity Name  
**HSS PROPERTIES, LTD.**

Principal Place of Business: **222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK FL 32789**  
Mailing Address: **P.O. BOX 2146 WINTER PARK FL 32790**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

**FILED**

**01 APR -4 AM 9:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3562992** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAIRE, PAUL L  
2457 SILVER STAR ROAD  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
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. Capital Contributions as Shown on record: **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	<b>P98000090196</b>	STREET ADDRESS	
NAME	<b>HSS PROPERTIES, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>222 S. PENNSYLVANIA AVE., STE. 200</b>	STREET ADDRESS	<b>500004035095--6</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	CITY-ST-ZIP	<b>-04/28/01-01053-017</b>
DOCUMENT #		CITY-ST-ZIP	<b>****141.25 ****141.25</b>
NAME		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

CR2E003 (11/00)

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:** *Paul L. Haire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_