

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90372 010 ***158.75

DOCUMENT # F00000000746

1. Entity Name
HOUSING COMMUNITY SERVICES, INC.

Principal Place of Business Mailing Address
4250 ALAFAYA TRAIL **4250 ALAFAYA TRAIL**
SUITE 212-330 **SUITE 212-330**
OVIEDO FL 32765-9424 **OVIEDO FL 32765-9424**

A0066641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3618490		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKROCKI, DAVID A 5505 N ATLANTIC BLVD COCOA BEACH FL 32931				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMALES, PEDRO E		NAME		
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765-9424		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKROCKI, DAVID A		NAME		
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765-9424		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, RANDALL E		NAME	FLEMING RANDALL E	
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330		STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330	
CITY-ST-ZIP	OVIEDO FL 32765-9424		CITY-ST-ZIP	OVIEDO FL 32765-9424	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIESEN, CHRISTINA R		NAME		
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765-9424		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIMMER, TRACEY L		NAME	ELIZABETH R VERMALES	
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330		STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330	
CITY-ST-ZIP	OVIEDO FL 32765-9424		CITY-ST-ZIP	OVIEDO FL 32765-9424	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, COLLEEN C		NAME	SKROCKI CYNTHIA K	
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330		STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330	
CITY-ST-ZIP	OVIEDO FL 32765-9424		CITY-ST-ZIP	OVIEDO FL 32765-9424	

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: Cynthia Skrocki Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)