

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90128 046 ***158.75

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DOCUMENT # F00000000746



1. Entity Name
HOUSING COMMUNITY SERVICES, INC.

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

Mailing Address
**4250 ALAFAYA TRAIL
SUITE 212-330
OVIEDO FL 32765-9424**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3618490**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

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 **DAVID A. Skrocki**
Street Address (P.O. Box Number is Not Acceptable) **1233 Challenger Pkwy, Suite 270**
City **Orlando** FL Zip Code **32826**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David A. Skrocki* **DAVID A. SKROCKI** **3/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **FLEMING, RANDALL E**
STREET ADDRESS **4250 ALAFAYA TRAIL SUITE 212-330**
CITY-ST-ZIP **OVIEDO FL 32765-9424**

TITLE **PD** Change Addition
NAME **Fleming, Randall E**
STREET ADDRESS **4250 Alafaya Trail Suite 212-330**
CITY-ST-ZIP **OVIEDO, FL 32765-9424**

TITLE **V** Delete
NAME **VERMALES, ELIZABETH R**
STREET ADDRESS **4250 ALAFAYA TRAIL, SUITE 212-330**
CITY-ST-ZIP **OVIEDO FL 32765-9424**

TITLE **VD** Change Addition
NAME **Vermales, Elizabeth R.**
STREET ADDRESS **4250 Alafaya Trail, Suite 212-330**
CITY-ST-ZIP **OVIEDO, FL 32765-9424**

TITLE **ST** Delete
NAME **SKROCKI, CYNTHIA K**
STREET ADDRESS **4250 ALAFAYA TRAIL SUITE 212-330**
CITY-ST-ZIP **OVIEDO FL 32765-9424**

TITLE **STD** Change Addition
NAME **Skrocki, Cynthia K**
STREET ADDRESS **4250 Alafaya Trail Suite 212-330**
CITY-ST-ZIP **OVIEDO, FL 32765-9424**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia K. Skrocki* **Cynthia K. Skrocki** **3/25/03** **407-926-172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)