2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F9900000740 1. Entity Name HLP, INC. OF ARIZONA 03-21-2000 90028 050 ***158.75 Principal Place of Business Mailing Address 1991 PONDEROSA LANE 1991 PONDEROSA LANE PRESCOTT AZ 86305 PRESCOTT AZ 86305-7557 2. Principal Place of Business 3. Mailing Address 3271 FALKLAND CIRCLE 3271 FALKLAND CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 86-0487620 HUNTINGTON BCH HUNTINGTON BCH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JURMAN, ENDEL Street Address (P.O. Box Number is Not Acceptable) 14229 FALLS CHURCH DRIVE, STE #1701 ORLANDO FL 32837 Zip Code F۱ 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, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees × (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCD** Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME HOOVER, ROBERT K 3271 FALKLAND CIRCLE STREET ADDRESS STREET ADDRESS 1991 PONDEROSA LANE HUNTINGTON BEACH, CA 92649 CITY-ST-ZIP CITY-ST-ZIP PRESCOTT AZ Addition ☐ Delete TITLE TITLE HOOVER, DIANE L NAME 3271 FALKLAND CIRCLE STREET ADDRESS STREET ADDRESS 1991 PONDEROSA LANE HUNTINGTON BEACH, CA 92649 CITY-ST-ZIP CITY-ST-ZIP PRESCOTT AZ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Diane & Sloover

DIANE L. HOOVEN

03/11/00

562-592-9899

Daytime Phor