

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90148 024 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000003102

1. Entity Name

HSI FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**1000 CIRCLE 75 PARKWAY STE. 800
ATLANTA GA 30339****1000 CIRCLE 75 PARKWAY STE. 800
ATLANTA GA 30339-6052**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1538692

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	HOWERTON, RICHARD T III	900 CIRCLE 75 PARKWAY SUITE 1450	ATLANTA GA 30339	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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V	SNEAD, RAYMOND A JR	900 CIRCLE 75 PARKWAY SUITE 1450	ATLANTA GA 30339	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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V	WILSON, REBECCA E	1000 CIRCLE 75 PARKWAY SUITE 800	ATLANTA GA 30339	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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C	QUATTROCCHI, ROBERT	1000 JOHNSON FERRY ROAD, NE	ATLANTA GA 30342	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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D	BLACK, GLEN J JR	2000 SOUTH PARK PLACE	ATLANTA GA 30339	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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D	CRUMP, ROBERT	1968 PEACHTREE ROAD NW	ATLANTA GA 30309	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)