

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G52886

1. Entity Name
HDSC, INC.

Principal Place of Business

8155 SO HWY 17-92
FERN PARK FL 32730
US

Mailing Address

8155 SO HWY 17-92
FERN PARK FL 32730
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2791431

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH LANCE D
2781 WEST STATE ROAD 434
LONGWOOD FL 32779

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. 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, 2001 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

TITLE NAME D YOUNGBLOOD, DARLA S ☐ Delete
STREET ADDRESS 425 GOLDRUSH DR
CITY-ST-ZIP FRUITA CO 81521

TITLE NAME VP DANIELS, JAMISON ☐ Delete
STREET ADDRESS 3675 DERBYSHIRE RD #215
CITY-ST-ZIP CASSELBERRY FL

TITLE NAME ST MAY, IRIS J ☒ Delete
STREET ADDRESS 2440 LAKE VISTA CT BLDG #9, #300
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE NAME D MAHOLIAS, TERRY ☐ Delete
STREET ADDRESS 13736 PEMBROKE CR
CITY-ST-ZIP LEAWOOD KS

TITLE NAME D OAKS, KIM ☐ Delete
STREET ADDRESS 808 GROSVENOR PL
CITY-ST-ZIP OAKLAND CA

TITLE NAME D OAKS, KIMBERLY P ☐ Delete
STREET ADDRESS 830 GROSVANOR PL
CITY-ST-ZIP OAKLAND CA 94610

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME LANCE D. SMITH ☐ Change ☒ Addition
STREET ADDRESS 2781 WEST S.R. 434
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Lance D Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90472 002 ***150.00

631399



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)