

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90175 048 ***150.00

0037392 SP

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

2781 W. S.R. 434

Suite, Apt. #, etc.

3. Mailing Address

2781 W. S.R. 434

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-2791431

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

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]

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	YOUNGBLOOD, DARLA S	
STREET ADDRESS	425 GOLDRUSH DR	
CITY-ST-ZIP	FRUITA CO 81521	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DANIELS, JAMISON	
STREET ADDRESS	3675 DERBYSHIRE RD #215	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, LANCE D	
STREET ADDRESS	2781 WEST SR 434	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHOLIAS, TERRY	
STREET ADDRESS	13736 PEMBROKE CR	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKS, KIM	
STREET ADDRESS	808 GROSVENOR PL	
CITY-ST-ZIP	OAKLAND CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OAKS, KIMBERLY P	
STREET ADDRESS	830 GROSVANOR PL	
CITY-ST-ZIP	OAKLAND CA 94610	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 (407) 682-5988

Date

Daytime Phone #

CR2E034 (9/01)