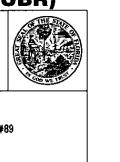
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J31260 **DOCUMENT #**

1. Entity Name

H-R MANAGEMENT SERVICES, INC.



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90073 012 ***150.00

Principal Place of Business % WALTER GARY HARVEY JR. 725 NORTH LAKE BOULEVARD #89 ALTAMONTE SPRINGS FL 32701		Mailing Address % WALTER GARY HARVEY JR. 725 NORTH LAKE BOULEVARD #89 ALTAMONTE SPRINGS FL 32701										
2. Principal Pl	lace of Business	3. Mailing Address					1 1881118 8	:190	- PITH) 	#11 #1#14 1##1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State	•	City & State				4.	FEI Number	59-272098		→	plied For t Applicable	
Zip	Country	Zip Cour			ry	5.				\$8.75 Add	litional	
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of New	Registered A	gent		
	/ 				Name	- - -						
HARVEY, WALTER GARY JR. 725 NORTH LAKE BOULEVARD #89 ALTAMONTE SPRINGS FL 32701					Street Address (P.O. Box Number is Not Acceptable)							
ALIAMON			City				FL	Zip Code				
the obligati	named entity submits this statement foons of registered agent.	or the purpos	se of changing its	registere	d office or	registered a	agent, or both,	in the State of		 amiliar with, a	and accept	
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applic	able. (NOTE	: Registered	Agent signatur	e 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							l l	tion Campaign t Fund Contribu	_		0 May Be to Fees	
10.	OFFICERS AND	DIRECTOR	S	11.		Д	ADDITIONS/C	HANGES TO O	FFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Delete HARVEY, WALTER GARY JR. 725 NORTH LAKE BLVD #89 ALTAMONTE SPGS FL			i					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, WM GARY 725 N.LAKE BLVD.,#89 ALTAMONTE SPGS. FL		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		1					. Change -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied wil		☐ Delete	CITY	ET ADDRESS ST-ZIP		. 110 67(0)/0	Flexide Over	16.45	Change	Addition	

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.