

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36727

1. Entity Name
HLM CAPITAL RESOURCES, INC.



FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90025 036 ***150.00

Principal Place of Business
7900 GLADES ROAD
645
BOCA RATON FL 33434
US

Mailing Address
7900 GLADES ROAD
645
BOCA RATON FL 33434
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2748488** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MISCHLER, HARLAND L.
7900 GLADES ROAD
645
BOCA RATON FL 33434-1104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	☐ Delete
NAME	MISCHLER, HARLAND L.	
STREET ADDRESS	17037 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ Delete
NAME	MCGOLDRICK, MICHAEL	
STREET ADDRESS	1885 ASYLUM AVE	
CITY-ST-ZIP	W. HARTFORD CT	
TITLE	DS	☐ Delete
NAME	MCGOLDRICK, MARILYN W.	
STREET ADDRESS	1885 ASYLUM AVE	
CITY-ST-ZIP	W. HARTFORD CT	
TITLE	D	☐ Delete
NAME	MISCHLER, THOMAS O.	
STREET ADDRESS	17037 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	48 Sheep Hill Drive	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	48 Sheep Hill Drive	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas O. Mischler* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 561-479-2450
Date Daytime Phone #

CR2E034 (10/02)