

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90064 032 ***150.00

DOCUMENT # J77573

1. Entity Name

H.S.C. BUILDERS, INC.

Principal Place of Business

% HARRELL W. SMITH
3337 MANGROVE DR.
SPRING HILL FL 34607

Mailing Address

% HARRELL W. SMITH
3337 MANGROVE DR.
SPRING HILL FL 34607

2. Principal Place of Business

% John P. Allen, Jr.
17920 Gulf Blvd. #501
 Suite, Apt. #, etc.
#501

3. Mailing Address

% John P. Allen, Jr.
17920 Gulf Blvd. #501
 Suite, Apt. #, etc.
#501

City & State
Redington Shores, FL

City & State
Redington Shores, FL

Zip
33708

Country
Pinellas

Zip
33708

Country
Pinellas

4. FEI Number
59-2861819

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, JOHN P JR
17920 GULF BLVD # 501
SAINT PETERSBURG FL 33708

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 *John P. Allen, Jr.*
John P. Allen, Jr.

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** ☐ Delete
 NAME **SMITH, HARRELL W.**
 STREET ADDRESS **3337 MANGROVE DR.**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **John P. Allen, Jr.**
 STREET ADDRESS **17920 Gulf Blvd. #501**
 CITY-ST-ZIP **Redington Shores, FL. 33708**

TITLE **Director** ☐ Change ☒ Addition
 NAME **John P. Allen, Jr.**
 STREET ADDRESS **17920 Gulf Blvd. #501**
 CITY-ST-ZIP **Redington Shores, FL. 33708**

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

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

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

TITLE ☐ Change ☐ 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:

Harrell W. Smith
Harrell W. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-02 352-5966395

Date

Daytime Phone #

CR2E034 (9/01)