FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 22, 2002 8:00 am Secretary of State

Daytime Phone ₹

DOCUMENT # P000000 5137					04-22-2002 90114 049 ***150.00		
1. Entity Name HEC Services, INC.							
1190 300005							
DO NOT WRITE IN THIS SPACE					4		
2. Principal Place of Business 220 GULF TERRACE 8.0. Box 500			2644				
Suite, Apt. #, etc. Suite, Apt. #, etc.			······································	•	DO NOT WRITE IN THIS SPACE		
City & State City & State				4.	4. FEI Number Applied For		
	thon, Florida		COUNTY.		4. FEI Number Applied For Not Applicable		
Zip 33050 Country Zip USA		^{Zip} 33050	USA		5. Certificate of Status Desired		
			Name 16		lame and Address of Current Regist	ered Agent	
DO NOT WRITE Street Address					y - anne Curtis (P.O. Box Number is Not Acceptable)		
IN THIS SPACE							
			City MA	RATHO	N I	Zip Co	ode 050
8. The above	named entity submits this statement for	gent, or both, in the State of Florida.					
SIGNATURE Mary - anne Curtis President Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE							1
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature	required when		TE	
9. This corpo	y 1 Fee is \$150. , Fee is \$550.00	00	10. Election Campaign Financing	\$5	00 May Be		
Tax filing r (See criter	UBR is \$61.25 e to Department	of State	Trust Fund Contribution.		ed to Fees		
11.	OFFICERS AND D	_ 	e to Department	oi State		· · · · · · · · · · · · · · · · · · ·	
TITLE	Mary-anne Curtis	.1	TITLE				201
NAME STREET ADDRESS	REET ADDRESS 220 GULF TERRACE Mailing T.C. BOLLECOLL		NAME STREET ADDRESS				ů E
CITY-ST-ZIP	Marathon, FL 330	250	CITY-ST-ZIP				CR2E034B (12/01)
TITLE NAME	Michael J. Hait	D	TITLE NAME				CK2
STREET ADDRESS	Michael J. Hart 1216 Richmond Agre	. ル. 3397 ス	STREET ADDRESS				
CITY-ST-ZIP	Lenigh Acres, FL	3371-	CITY-ST-ZIP				
NAME	•		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE		<u> </u>	TITLE				
NAME STREET ANYDESS	y		NAME		IN THIS SPA	4UE	}
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CTTY-ST-ZIP			CITY-ST-ZIP				
indicated	certify that the information supplied with to on this report or supplemental report is t	the and acquests and that my	reignatura chall has	in the came	local offect as if made under eath, the	at lam an office	or 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 on an attachment with an address, with all other like empowered.							
SIGNATURE: Mary-awne Curtis 4-10-02 305-289-4417							