2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000010263 1. Entity Name HR VISIONS, INC. Mailing Address Principal Place of Business 605 CRESCENT EXECUTIVE COURT 605 CRESCENT EXECUTIVE COURT SUITE 300 SUITE 300 LAKE MARY FL 32746 LAKE MARY FL 32748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3624160 Zip Country ~ ~ :-Zip _ Country _ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent haron LEWIS, SHARON L Street Address (P.O. Box Number is Not Acceptable) 605 Crescent Executive 1031 CATFISH CREEK COURT OVIEDO FL 32765

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;

Apr 04, 2001 8:00 am Secretary of State

04-04-2001 90134 001 ***150.00

737650

Applied For

\$8.75 Additional

Fee Required

Not Applicable



DO NOT WRITE IN THIS SPACE

	Lake Mary						
			City			FL Zip Co	de 746
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 Sharon L. Lewis - Vice President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent significance) DATE On the state of the st							
Tax filing requirement and elects to do so. (See criteria on back) After I Make Che		After MAY 1, 2001 Make Check Payable	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 e Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND DIR	ECTORS	12.		DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dried	t D. Lewis Historieck Ct of FL 32765	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ====	Vice fr	esident n L. Lewis u+fish Creek Ct. of FC 32-765-:	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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.							