

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90118 015 ***150.00

DOCUMENT # P00000034406

1. Entity Name
HCO, INC.



Principal Place of Business
6028 LE LAC RD.
BOCA RATON FL 33496

Mailing Address
6028 LE LAC RD.
BOCA RATON FL 33496



2. Principal Place of Business
9669 Carousel
Circle N
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

4. FEI Number 65-0261760

Applied For
Not Applicable

Zip 33434 Country USA

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

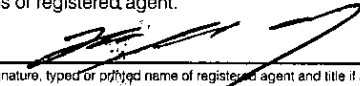
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVER, HANS CURT
6028 LE LAC ROAD
BOCA RATON FL 33496

Name OVER Hans-Curt
Street Address (P.O. Box Number is Not Acceptable)
9669 Carousel Circle N
City Boca Raton FL Zip Code 33434

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 PTD ☐ Delete
NAME OVER, HANS-CURT
STREET ADDRESS 6028 LE LAC RD.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition
NAME 9669 Carousel Circle N
STREET ADDRESS Boca Raton, FL 33434
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME OVER, UTE
STREET ADDRESS 6028 LE LAC RD.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition
NAME // = same
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03 561/251/8604
Date Daytime Phone #

CR2E034 (10/02)