

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90068 049 ***550.00

B0135201



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000057646

1. Entity Name
 HR-EASE, INC.

Principal Place of Business

3706 PALMA CEIA CT.
 TAMPA FL 33629

Mailing Address

3706 PALMA CEIA CT.
 TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, VINCENT A
 8903 REGENTS PARK DR., STE. 110
 TAMPA FL 33647

7. Name and Address of New Registered Agent

Name
SUSANNE GILL
 Street Address (P.O. Box Number is Not Acceptable)
3706 PALMA CEIA CT.
 City
TAMPA FL Zip Code
33629

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 *S. X. Gill* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-20-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
GILL, SUSANNE K.
3706 PALMA CEIA CT.
TAMPA FL 33629 ☐ Delete

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

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 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-02

813-230-3009

CR2E034 (4/02)