FILED

(5/01)

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 31, 2001 8:00 am Secretary of State P00000067790 DOCUMENT # 1. Entity Name 07-31-2001 90240 011 \*\*\*550 00 HESCO/RLS, INC. Principal Place of Business Mailing Address 1470 KASTNER PLACE, SUITE 112 1470 KASTNER PLACE, SUITE 112 The lateral Rep SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3676111 Not Applicable ۽ Zip: سيني \$8.75 Additional= 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALK, CHARLES L ESQ. Street Address (P.O. Box Number is Not Acceptable) 150 S. HIGHWAY 17-92, SUITE 3 DEBARY FL 32713 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE ☐ Addition □ Defete TITLE HUNT, RAYMOND R NAME NAME STREET ADDRESS 301 HAMPTON HILLS CT. STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete ☐ Addition Change NAME HUNT, SHANE A NAME 1018 W. GAUCHO CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32728** CITY-ST-ZIP والبوارة وهجاري والمستحد وكالأوجا TITLE Delete TITLE · Change ☐ Addition NAME HUNT, LAURA NAME **301 HAMPTON HILLS COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

RAYMOND R. HUNT 7-25-01 407-321-2344

changed, or on an attachment,

SIGNATURE: