

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**  
 01-24-2001 90090 010 \*\*\*150.00

**DOCUMENT # P00000104660**

1. Entity Name  
**HNET REALTY, INC.**

Principal Place of Business Mailing Address  
**1094 MCKEAN CIRCLE**  
**WINTER PARK FL 32789-2681**

2. Principal Place of Business 3. Mailing Address  
**169 West Broadway St**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Oviedo, FL**  
**Oviedo, FL**  
 Zip Country Zip Country  
**327658384 Seminole**  
**327658384 Seminole**

4. FFL Number Applied For  
**59-3683814**  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MORGAN, JENNIFER A**  
**1094 MCKEAN CIRCLE**  
**WINTER PARK FL 32789-2681**  
 Name **Morgan, Jennifer A**  
 Street Address (P.O. Box Number is Not Acceptable) **169 West Broadway St**  
 City **Oviedo** FL **327658384**

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 **Jennifer Morgan** DATE **1/15/01**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>D, Treasurer/secretary</b>	<input type="checkbox"/> Delete	TITLE	<b>see #1 add title</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, JENNIFER A</b>		NAME		
STREET ADDRESS	<b>1094 MCKEAN CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL 32789-2681</b>		CITY-ST-ZIP		
TITLE	<b>D, President</b>	<input type="checkbox"/> Delete	TITLE	<b>see #1 add title</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, TIMOTHY H</b>		NAME		
STREET ADDRESS	<b>1094 MCKEAN CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL 32789-2681</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Jennifer Morgan** DATE **1/15/01** DAYTIME PHONE # **407-977-7653**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/00)