

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 016 ***150.00

DOCUMENT # P01000008602 1. Entity Name H/L INTERNATIONAL, INC.			
Principal Place of Business 1400 HANCOCK BLVD., APT. 915 DAYTONA BCH, FL 32114		Mailing Address 1400 HANCOCK BLVD., APT. 915 DAYTONA BCH, FL 32114	
2. Principal Place of Business #3 SAND DUNE DR Suite, Apt. #, etc.		3. Mailing Address #3 SAND DUNE DRIVE Suite, Apt. #, etc.	
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL	
Zip 32169	Country USA	Zip 32169	Country USA
4. FEI Number 59-3724686		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIN, NANCY 1400 HANCOCK BLVD., APT. 915 DAYTONA BCH, FL 32114		7. Name and Address of New Registered Agent Name LTN, NANCY Street Address (P.O. Box Number is Not Acceptable) #3 SAND DUNE DRIVE City NEW SMYRNA BEACH FL Zip Code 32169	
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 <u><i>Nancy Lin</i></u> DATE <u>4/27/03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LIN, NANCY 1400 HANCOCK BLVD., APT. 915 DAYTONA BCH, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIN, NANCY #3 SAND DUNE DRIVE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIN, AIPO 1400 HANCOCK BLVD., APT. 915 DAYTONA BCH, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIN, AIPO #3 SAND DUNE DRIVE NEW SMYRNA BEACH, FL 32169
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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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: <u><i>Nancy Lin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/27/03</u> Daytime Phone #	

CR20034 (10/02)