## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000014617

1. Entity Name

H-R-S FAMILY ENTERPRISES, INC.



**FILED** Apr 14, 2003 8:00 am § Secretary of State

04-14-2003 90052 045 \*\*\*150.00

PD   RINKER, CAJETAN   2865 GLENEAGLES DRIVE   CITY-ST-ZIP										
Suite, Apt. #, etc.  Applicable  Typ  Country  Zip  Country  Zip  Country  Zip  Country  S. Certricate of Status Degreed Sept.  Respective Applicable  Foo Regulatoria  Sireat Address (P.O. Box Number is Not Acceptable)  File Now!! FEE is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Signature  File Now!! FEE is \$150.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  File Now.  Signature  Proficers Acceptable  Degree Addition  Signature  Signature  Proficers Acceptable  Signature  Signatu	2665 GLENEA	AGLES DRIVE	2665 GLENEAG	LES DRIVE	I., .,			11 4 8 1 8 1 1 1 8 5 1	AIRIA GULA	
City & State  Country  City  Country  City  Country  City  Country  City	2. Principal F	Place of Business	3. Mailing Addre	ess						
Secretificate of Status Department   Secretificate   Secretificate of Status Department   Secretificate of Status Department   Secretificate   Se	Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			CHECK HERE IF M	AKING CH	HANGES	
Country Zip Country Zip Country S. Cerrificate of Status Degined S. S. 7. Additional Fos Facquined Country S. S. Cerrificate of Status Degined Sea Facquined Country S. Name and Address of New Registered Agent  Name  LYONS, GARY W 311 SOUTH MISSOURI AVENUE  CLEARWATER FL 33756  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent agent or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent	City & Sta	te	City & State			4.	FEI Number <b>59-3702200</b>			•
City FL   Zip Code  Street Address (P.C. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired		.75 Add	ditional
Name		6 Name and Address of Current	Pegistered Agent	·						<u>d</u> -
STREET ADDRESS (P.O. BOX Number is Not Acceptable)    City   FL   Zip Code		o. Name and Address of Current	negistered Agent		Name	<del>'.</del>	Name and Address of New Regist	ered Age	nt	· · ·
STREET ADDRESS (P.O. BOX Number is Not Acceptable)    City   FL   Zip Code	LYONS, C	GARY W				(5.0	<u> </u>			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE					Street Addre	SS (P.O. I	Box Number is Not Acceptable)			
8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	CLEARWA	ATER FL 33756							_	
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Filter					City		,	EI T	Zip Cod	
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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:

127-772-1064