FILED Wef # PO1800044286 Jul 10, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P01000044286 **DOCUMENT #** 05-27-2002 90393 036 \*\*\*158.75 1. Entity Name HRB, INC. Mailing Address 38520 Principal Place of Business 402 WILMA ROAD 402 WILMA ROAD LONGWOOD FL LONGWOOD FL Mailing Address Principal Place of Business Wilma Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 🚧 & State City & State Not Applicable 5275 59-37 ommood \$8.75 Additional country Semi 5. Certificate of Status Desired Country eninole 32750 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Namo SAME Street Address (P.O. Box Number is Not Acceptable) HARTLEY, CORINNE 402 WILMA ROAD LONGWOOD FL Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01 ☐ Change ☐ Addition Corrected President Delete NO TITLE THILE NAME CR2E034 209 Teakwood Com NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change vice Presiden □ Delete No TITLE TITLE BilliesueR NAME incle #313 NAME STREET ADDRESS 417 Sun Lake O STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ■ Addition Change Delete N > TITLE MARKE NAME STREET ADDRESS \* Charing STREET ADDRESS CITY-ST-ZIP f1 32746 CITY-ST-ZIP ■ Addition ☐ Change orine Hartley Presidente No TITLE NAME NAME 209 teakword Ct STREET ADDRESS STREET ADDRESS 41 32746 CITY-ST-ZIF Sake Main CITY-ST-ZIF ☐ Change Addition □ Delete んこ President TITLE Sue Roberson NAME NAME Sun Rabse Circle #313 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP May +1 52746 CITY-ST-ZIP ☐ Addition ☐ Change □ Delete わぃ TITLE TITLE NAME Bredunger NAME STREET ADDRESS est Charry Cross Carell STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receive or discharge the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or discharge with all other like empowered. of the corporation or the rece changed, or on an attachmer