## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000052797

Entity Name: HDB GROUP, INC.

Apr 27, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7101 SHENANDOAH CT TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 7101 SHENANDOAH CT TAMPA, FL 33615 FEI Number: 59-3723776 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALBRITTON, A DALLAS ESQ. 100 MADISÓN ST, STE 302 TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition DEGENNARO, REBECCA Name: Name: 4436 W OKLAHOMA AVE Address: Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip: ( ) Delete Title: ٧S Title: () Change () Addition HOLT, RACHEL Name: Name: 7101 SHENANDOAH CT Address: Address: TAMPA, FL 33615 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HOLT, DAVID Name: Name: 7101 SHENANDOAH CT Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: COF ( ) Delete Title: () Change () Addition BALL, ROBERT Name: Name: Address: 7511 MEADOW DR Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BALL COF 04/27/2002