

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90478 038 ***150.00

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1. Entity Name
HCL INC.



Principal Place of Business
**1094 MANOR DR.
PALM SPRINGS FL 33461**

Mailing Address
**1094 MANOR DR.
PALM SPRINGS FL 33461**

11003363



2. Principal Place of Business
9146 ARROWHEAD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
9146 ARROWHEAD DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GREENACRES, FL
Zip
33467
Country
USA

City & State
GREENACRES, FL
Zip
33467
Country
USA

4. FEI Number **65-1122188**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINDLEY, RICHARD H
1094 MANOR DR.
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9146 ARROWHEAD DRIVE
City
GREENACRES **FL** Zip Code
33467

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 **RICHARD LINDLEY**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/03
DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
LINDLEY, RICHARD H
1094 MANOR DR.
PALM SPRINGS FL 33461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
LINDLEY, SARAH C
1094 MANOR DR.
PALM SPRINGS FL 33461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9146 ARROWHEAD DRIVE
GREENACRES, FL 33467** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9146 ARROWHEAD DRIVE
GREENACRES, FL 33467** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
Date

561.662.8288
Daytime Phone #

CR2E034 (01/02)