

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90094 043 ***150.00

DOCUMENT # P01000106486 ✓
1. Entity Name
Hms Industries, Inc.

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| | | | |
|--|--|---|--|
| 2. Principal Place of Business <u>1070 Shadick Dr</u> Suite, Apt. #, etc. <u>Suite G</u> City & State <u>Orange City FL</u> Zip <u>32763</u> Country <u>USA</u> | | 3. Mailing Address <u>P.O. Box 2524</u> Suite, Apt. #, etc. City & State <u>Deland FL</u> Zip <u>32721</u> Country <u>USA</u> | |
|--|--|---|--|

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| | |
|--|--|
| 4. FEI Number <u>59-3737677</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|---|-----------------------------|
| Name <u>Stanley Lawrence</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>531 Richmond Ave</u> | |
| City <u>Deltona</u> | Zip Code <u>FL 32725</u> |

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>President</u> <u>Stanley Lawrence</u> <u>531 Richmond Ave</u> <u>Deltona FL 32725</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Vice President</u> <u>Kenneth Nettles</u> <u>8 Kankakee Trail</u> <u>Palm Coast, FL 32164</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Secretary</u> <u>Heather Manning</u> <u>531 Richmond Ave</u> <u>Deltona FL 32725</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Treasurer</u> <u>Sue Nettles</u> <u>8 Kankakee Trail</u> <u>Palm Coast FL 32164</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Heather Manning Heather Manning 4-24-02 386-740-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)