## FILED Apr 25, 2003 8:00 am Secretary of State

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

P01000113402 DOCUMENT # 4-25-2003 90297 020 \*\*\*150.00 1. Entity Name HRA PARTNERS INC. Principal Place of Business Mailing Address 537 N MAGNOLIA AVE 537 N MAGNOLIA AVE ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Same 59-3756810 1000 ☐ CHECK HERE IF MAKING CHANGES Ste City & State 4. FEI Number APPLIED FOR Applied For 0 r 1 an 0 Not Applicable -Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEHMAN, FREDERIC R Street Address (P.O. Box Number is Not Acceptable) 537 N MAGNOLIA AVE ORLANDO FL 32801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete NAME REDMAN, MICHAEL NAME 1000 Universal St. Ploza B1927A Orlando, FL 32819 537 N MAGNOLIA-AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE LEHMAN, FREDERIC R 1000 Universal St. P1020 borlding 224 or lang FC 32419 STREET ADDRESS 537 N MAGNOLIA AVE STREET ADDRESS CITY-ST-ZIP **GRLANDO FL 32801** CITY-ST-ZIP-

TITLE ☐ Delete NAME DONALD, WOOD NAME Universal St. Plaza STREET ADDRESS 537 N MAGNOLIA AVE-STREET ADDRESS 619 229 FL 32819 CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #