2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91438 041 ***150.00

DOCUMENT # P02000024853

1. Entity Name
HSC EAST, INC.

Principal Place of Business	Mailing Address
226 W FIRST AVE ORLANDO, FL 34786	226 W FIRST AVE ORLANDO, FL 34786

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
152 MILBRIDGE DRIVE		152 MILBRIDGE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JUPITER, FL		City & State: JUPITER, FL	
Zip: 33458	Country: PALM BEACH	Zip: 33458	Country: PALM BEACH

4. FEI Number: 73-1632760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTSFIELD, PAUL F JR 4913 N MONROE ST TALLAHASSEE, FL 32303	Name: HORNE, E.T. III Street Address (P.O. Box Number is Not Acceptable): 152 MILBRIDGE DRIVE City: JUPITER FL Zip Code: 33458

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: E. T. Horne, III E.T. HORNE, III President 4/29/03
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HORNE, E.T. III 226 W FIRST AVE ORLANDO, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 152 MILBRIDGE DR JUPITER, FL 33458	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLARK, RICHARD W 226 W FIRST AVE ORLANDO, FL 34786	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: E. T. Horne III 4/29/03 561-373-7359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)