

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90408 032 ***150.00

DOCUMENT # P02000103688

1. Entity Name

HASCO CORP. *D/B/A*

STATE COURIER OF FLORIDA



Principal Place of Business

222 LAKEVIEW AVE STE 260
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE STE 260
WEST PALM BEACH FL 33401

2. Principal Place of Business

2675 CLIPPER CIR.

3. Mailing Address

2675 CLIPPER CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH FL

4. FEI Number

06-164-9022

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M
222 LAKEVIEW AVE STE 260
WEST PALM BEACH FL 33401
*HENRY A. SALEM
2675 CLIPPER CIR
WEST PALM BEACH
FL 33411*

7. Name and Address of New Registered Agent

Name: HENRY A SALEM
2675 CLIPPER CIR
WEST PALM BEACH FL 33411

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

2/5/03

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: D
NAME: SALEM, HENRY A
STREET ADDRESS: 222 LAKEVIEW AVE STE 260
CITY-ST-ZIP: WEST PALM BEACH FL 33401

TITLE: ☐ Change ☐ Addition
NAME: SALEM, HENRY A
STREET ADDRESS: 2675 CLIPPER CIR
CITY-ST-ZIP: WEST PALM BEACH FL 33411

TITLE: ☐ Delete
NAME: HENRY A SALEM
STREET ADDRESS: 2675 CLIPPER CIR
CITY-ST-ZIP: WEST PALM BEACH FL 33411

TITLE: ☐ Change ☐ Addition
NAME: HENRY A SALEM
STREET ADDRESS: 2675 CLIPPER CIR
CITY-ST-ZIP: WEST PALM BEACH FL 33411

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 603, 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: *Henry A Salem*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)