

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025103

1. Entity Name

HRM SERVICES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90007 013 ***158.75

Principal Place of Business

4950 N. DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334
US

Mailing Address

4950 N. DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334-3947

C0088207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6849 Cobia Circle

3. Mailing Address

Suite, Apt. #, etc.
6849 Cobia Circle

City & State
Boynton Beach FL

City & State
Boynton Beach FL 33437

4. FEI Number 65-0580654

Applied For

Not Applicable

Zip
33437

Country

Zip

Country

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

KENNELLY, JOHN S ESQ.
ATTORNEY AT LAW
4950 N. DIXIE HIGHWAY, SUITE A
FORT LAUDERDALE FL 33334

Name John S. Kennelly, Esq.

Street Address (P.O. Box Number is Not Acceptable)

6849 Cobia Circle
Boynton Beach FL 33437

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KENNELLY, JOHN B
STREET ADDRESS 4950 N. DIXIE HIGHWAY, SUITE A
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE PD
NAME John B. Kennelly
STREET ADDRESS 6849 Cobia Circle
CITY-ST-ZIP Boynton Beach FL 33437 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. Kennelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2000

Date

561-369-2345

Daytime Phone #