2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P93000057020** H.R.C. CONSTRUCTION, INC. 04-30-2001 90036 033 ***150.00 Principal Place of Business Mailing Address 2176 JOG ROAD P O BOX 541359 GREENACRES FL 33415 LAKE WORTH FL 33454 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0457241 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAUCH, HARRY Street Address (P.O. Box Number is Not Acceptable) 2176 JOG ROAD **GREENACRES FL 33415** 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, typed or printed name of registered agent and title if applicable. (NOTE: Rog stored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n TITLE 7171.5 ☐ Delete ☐ Change Addition NAME RAUCH, HARRY MAME STREET ADORESS 2176 JOG ROAD STREET ADDRESS CITY-ST-ZIP CITY - ST-Z'P GREENACRES FL 33415 TITLE ☐ Delete 11118 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-VIP CITY-ST-ZIP Addition TITL F ☐ Delete TITLE NAMA NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY -ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.