FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91639 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR) P95000054577 **DOCUMENT #** 1. Entity Name HDG MANAGEMENT SERVICES, INCORPORATED Principal Place of Business Mailing Address

NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addit	PO BOX 262 TAMPA FL 33 US			PO BOX 26244 TAMPA FL 33623-6244 US									
City & State City & State Desired Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code City FL Zip Code FL Zip Code	2. Principal F	Place of Business		3. Mailing Address									86 88 86
Zip Country Zip Country	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Agent Agen	City & Stat	te		City & State				4. FEI Numbe	65-060	0364			
GARRICK, DOROTHY 4313 MAIN STREET TAMPA FL 33607 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) PTD GARRICK, DOROTHY 4313 MAIN STREET TAMPA FL 33607 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 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS CITY-SI-JP TILE VS GARRICK, DOROTHY W SIRRET ADDRESS CITY-SI-JP OFFICERS AND DIRECTORS IN 11 TILE VS GARRICK, BONN, KIM P O BOX 28244 TAMPA FL 33623-6244 TAMPA FL 33623-624	Zip	Co	ountry	Zip	Coun	itry		5. Certificate	of Status Des	ired [\$	8.75 Ac	fditional
GARRICK, DOROTHY 4313 MAIN STREET TAMPA FL 33607. 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 9. This corporation is eligible to salisfy its intangible Tax filling requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRET ADDRESS CITY-ST-ZIP TILE VS GARRICK, BROWN, KIM P O BOX 26244 TAMPA FL 33623-6244 TILE NAME SIRET ADDRESS CITY-ST-ZIP Delete TILE NAME SIRET ADDRESS CITY-ST-ZIP Delete TILE NAME SIRET ADDRESS CITY-ST-ZIP Delete TILE NAME SIRET ADDRESS CI		6. Name and	Address of Current Re	gistered Agent		ſ <u>.</u>		7. Name and	Address of	New Regis			
### A313 MAIN STREET TAMPA FL 33607 City FL Zip Code						Name							
TAMPA FL 33607 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 Someway, lysed or printed name of registered agent and site if applicable. (NOTE: Registered Agent segneture required when rendularry) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME GARRICK, DOROTHY W FREE ADDRESS CITY-ST-ZIP TO BOILD SE244 TAMPA FL 33623-6244 TAMPA FL 33623-624						Street Add	dress (P.0	O. Box Numbe	r is Not Acce	eptable)			
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 preted name of registered agent and ottle if applicable. (NOTE: Registered Agent aignature required when renotating) DATE						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,		
SIGNATURE Signature Speaker S						City					FL	Zip Cod	de
TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME	9. This corpo	Signature, typed or printe pration is eligible to equirement and el	ed name of registered agent and salisfy its Intangible ects to do so.	FILE NOW!! After May 1, 200	: Registere	d Agent signature r IS \$150.00 will be \$550	required who	en reinstating)	tion Campai	gn Financir	DATE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemptions at the easily effect as if made under oath; that I am an officer or director of the exemption of the exemp	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the inform	nation supplied with this		NAME STREE CITY-S	ST-ZIP	in Section	n 119.07(3)(i)	Florida Stati	ites I furthe			Addition

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if r trustee empowered to execute this report a an address, with all other like empowered.

SIGNATURE:

BINTED NAME OF SIGNING OFFICER OR DIRECTOR