

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90118 011 ***150.00

DOCUMENT # P95000072439

1. Entity Name
HPR, INC.



Principal Place of Business
**233 E BAY ST
STE 1010
JAX, FL 32202 US**

Mailing Address
**233 E BAY ST
STE 1010
JAX, FL 32202 US**

11060030

2. Principal Place of Business
4811 Atlantic Blvd
Suite, Apt. #, etc.
3

3. Mailing Address
4811 Atlantic Blvd.
Suite, Apt. #, etc.
3



☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL
Zip
32207 Country
Duval

City & State
Jacksonville, FL
Zip
32207 Country
Duval

4. FEI Number
59-3340846

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RILEY, H. PATRICIA
233 EAST BAY ST.
STE 1010
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4811 Atlantic Blvd. #3
City **Jacksonville** FL Zip Code **32207**

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 **H. Patricia Riley**
Signature, typed or printed name of registered agent and title if applicable.

4/28/03
DATE

(NOTE: Registered Agent Signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$250.00
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	PD RILEY, H. PATRICIA 233 EAST BAY ST., STE 1010 JACKSONVILLE, FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4811 Atlantic Blvd. #3 Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 507, 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: **H. Patricia Riley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **904-376-1734**
Date Daytime Phone #

CR2E034 (10/02)