2001 UNIFORM BUSINESS REPORT (UBR)

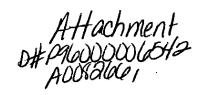
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SIGNATURE:

an address, with all other like empowered

Aug 29, 2001 8:00 am § Secretary of State **DOCUMENT #**~ P96000006542 1. Entity Name HDZ CONSULTANT INCORPORATED 08-29-2001 90012 040 ***150.00 Principal Place of Business Mailing Address 10606 N. ASTER AVENUE 10606 N. ASTER AVENUE **AUUUKbbl** TAMPA FL 33612-6905 TAMPA FL 33612-6905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For ·59-3402800 --- --Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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 TITLE □ Delete TITLE Change ☐ Addition NAME ZIMMERMAN, HELEN NAME STREET ADDRESS 10606 N. ASTER AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612-6905 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete . TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

FILED



August 22, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Fee for year 2001

To Whom It May Concern:

The attached statement was mailed to me for payment early July. I normally receive this form the first quarter requesting annual fee of \$150.00.

Enclosed please fine a check for \$150.00.

Sincerely yours,

Helen Zimmerman

(813) 978-0760