

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91836 005 ***158.75

DOCUMENT # P96000032416

1. Entity Name
HSC SERVICES, INC.



Principal Place of Business
**6771 N.W. 20 STREET
MARGATE, FL 33063**

Mailing Address
**6771 N.W. 20 STREET
MARGATE, FL 33063**

2. Principal Place of Business

4146 NW 90th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

Zip

33065

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3380430

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, RICHARD
6771 N.W. 20 STREET
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when alternating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
NELSON, RICHARD A
6771 N.W. 20 STREET
MARGATE, FL 33063**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
Nelson Richard A.
Suite 106
4146 NW 90th Ave
CORAL SPRINGS FLA
33065**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 407-421-7875

CR2E034 (10/02)