

2002 UNIFORM BUSINESS REPORT (UBR)

004680 AV

DOCUMENT # P97000043566

1. Entity Name

HAZARD MITIGATION AND RECOVERY SERVICES INCORPORATED

APPROVED
AND
FILED

02 FEB -6 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

107 STUART COVE DRIVE
CRAWFORDVILLE FL 32327
US

Mailing Address

PO BOX 7195
TALLAHASSEE FL 32301-7195

2. Principal Place of Business

982 W. Brevard Street

Suite, Apt. #, etc.

Suite K-14

City & State

Tallahassee, FL 32304

Zip

32304

Country

U.S.

3. Mailing Address

Unchanged

Suite, Apt. #, etc.

City & State

Zip

Country

Country

Country

4. FEI Number

59-3447622

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IBL, CONRAD I

1005 MYERS PARK LN #3

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Conrad Ike Ible

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

4542 Wimbleton Court

Conrad I. Ible

City

Tallahassee

FL

Zip Code

32303

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

Conrad I, Ible, President & CEO

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

(NOTE: Registered Agent signature required when reinstating)

06 FEB. 02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
IBL, CONRAD
1005 MYERS PARK LN #3
TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,
Johnson, Evelverlon F.
4542 Wimbleton Court
Tallahassee, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,
Jeffrey A. Smerling, R.A.
419 Shepard Street, Apt. 3
Tallahassee, FL 32303 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500004916615--5
-02/13/02--01088--002
****158.75 ****158.75

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONRAD I. IBLE

06 FEB 02 556-5989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)