

2002 UNIFORM BUSINESS REPORT (UBR)

004690 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 Mailing Address
 107 STUART COVE DRIVE PO BOX 7195
 CRAWFORDVILLE FL 32327 TALLAHASSEE FL 32301-7195
 US



2. Principal Place of Business 3. Mailing Address
 982 W. Brevard Street Unchanged
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite K-14
 City & State
 Tallahassee, FL 32304

City & State

4. FEI Number 59-3447622

Applied For
 Not Applicable

Zip Country Zip Country
 32304 U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IBLE, CONRAD I
 1005 MYERS PARK LN #3
 TALLAHASSEE FL 32301

Name
 Conrad 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. *Conrad Ible* 06 FEB. 02
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 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 IBLE, CONRAD 1005 MYERS PARK LN #3 TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Johnson, Evelverlon F. 4542 Wimbleton Court Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Jeffrey A. Smerling, R.A. 419 Shepard Street, Apt. 3 Tallahassee, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004916615--5 -02/13/02--01088--002 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Ible* 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)