

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000107315

1. Entity Name  
HSI FUSION SERVICES, INC.



FILED

03 JAN 21 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
20 N. ORANGE AVE., SUITE 200  
ORLANDO FL 32801

Mailing Address  
20 N. ORANGE AVE., SUITE 200  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3501393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMS, INC  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME HUGHES, DAVID H  
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP  
NAME MORGAN, THOMAS  
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME ZEPF, J. STEPHEN  
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME BUTTERFIELD, BENJAMIN P  
STREET ADDRESS 20 N ORANGE AVE #200  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ATAS  
NAME CLARK, JAY  
STREET ADDRESS 20 N. ORANGE AVENUE, #200  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE AS  
NAME Mark D. Scimeca  
STREET ADDRESS 20 N. orange Ave., Ste. 200  
CITY-ST-ZIP Orlando, FL 32801 ☐ 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 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:

*Benjamin P. Butterfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin P. Butterfield  
Secretary

Date Daytime Phone #

1/13/03 407-841-4755

CR2E034 (10/02)



*Patricia*

ACCOUNT NO. : 072100000032

REFERENCE : 899318 7107686

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : January 20, 2003

ORDER TIME : 2:47 PM

ORDER NO. : 899318-45

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal  
Hughes Supply, Inc.  
Suite 200  
20 North Orange Avenue  
Orlando, FL 32801

RECEIVED  
03 JAN 21 AM 8:47  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: HSI FUSION SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: \_\_\_\_\_