

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90071 031 ***150.00

0599282 AT

DOCUMENT # P98000023142

1. Entity Name

HMCS, INC.

Principal Place of Business

**4861 EAST RIVERSIDE DR
FORT MYERS FL 33905**

Mailing Address

**P.O. BOX 51424
FORT MYERS FL 33994**

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

65-0817786

Applied For

Not Applicable

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

**LESINSKI, SARI
4861 EAST RIVERSIDE DR
FORT MYERS FL 33905**

Name **RICHARD JOHN LESINSKI**

Street Address (P.O. Box Number is Not Acceptable) **4861 EAST RIVERSIDE DRIVE**

City **FORT MYERS** **FL** Zip Code **33905**

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 **RICHARD JOHN LESINSKI**

Signature, typed or printed name of registered agent and that is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LESINSKI, SARI**
STREET ADDRESS **4861 EAST RIVERSIDE DR**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **VP** ☐ Delete
NAME **LESINSKI, RICHARD JOHN**
STREET ADDRESS **4861 EAST RIVERSIDE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF RICHARD JOHN LESINSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 941 6838893

Date

Daytime Phone #

CR2E034 (9/01)