2003 FOR PROFIT CORPORATION IINIEADM BUGINESS DEBART (URB)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 14, 2003 8:00 am Secretary of State		
DOCUMENT # P98000024352 1. Entity Name					Secretary of State 04-14-2003 90392 050 ***150.00		
HSK ASS	ESSMENTS, INC.						
Principal Place of Business 1040 WOODCOCK ROAD ORLANDO FL 32803			Mailing Address 1040 WOODCOCK ROAD ORLANDO FL 32803			* 21220 11121 11114 1111 1111	
Principal Place of Business 3. Mailing Address						#1 200	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. FEI Number 59-3497968	Applied For Not Applicable	
Zip ———	Country	Zip		Country	Fee Fee	3.75 Additional Required	
	6. Name and Addres	s of Current Registere	d Agent	Name	7. Name and Address of New Registered Age	nt	
LANHAM PATRIE ELIZARETH A					Todd Budgen ess (P.O. Box Number is Not Acceptable)		
					·		
ORLANDO FL 32801				City	00 Pembrook Drive, Suite 300	Zip Code 32810	
9 The above	named entity submits this	a statement for the sure	and of changing its re		lando, FL gistered agent, or both, in the State of Florida. I am fam		
	ions of registered agent.	s statement for the purp	ose of changing its re	egistered office of reg	gistered agent, or botti, in the state of Florida. Tam fam	iliai with, and accept	
SIGNATURE .	L. Todd Budo Signature, typed or printed name of	gen	locatel Hotel	egistered Age Signature re	Attorney 4/1	1/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees							
Make Check	Payable to Florida De	partment of State			Magricial Government		
10.		FICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE	PVST 1	0	Delete	TITLE		Change	
NAME	KENNEDY, ROBERT			NAME			
STREET ADDRESS CITY-ST-ZIP	2412 BEMAN COURT WINTER PARK FL 32			STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ADDRESS	KENNEDY, ROBERT 2412 BEMAN COURT			NAME STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32			CITY-ST-ZIP		I	
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12. I hereby c	certify that the information	supplied with this filing	does not qualify for the	ne exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify	that the information	
indicated of the cor	on this report or supplem	ental report is true and a trustee empowered to	accurate and that my execute this report as	signature shall have	the same legal effect as if made under oath; that I am a r 607, Florida Statutes; and that my name appears in Blo	an officer or director	

SIGNATURE: