

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90004 018 ***550.00

0133220 AT

DOCUMENT # P98000082369

1. Entity Name
HML SYSTEMS INC.

Principal Place of Business
2149 CONGRESSIONAL DRIVE
ORLANDO FL 32826-5701

Mailing Address
2149 CONGRESSIONAL DRIVE
ORLANDO FL 32826-5701

2. Principal Place of Business

3. Mailing Address

7305 KRUMH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1316

City & State

City & State

RALPH NC

Zip

Country

Zip

Country

27613-3891

USA

4. FEI Number

59-3531496

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

GALLANT, HAROLD G
2149 CONGRESSIONAL DRIVE
ORLANDO FL 32826-5701

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

HAROLD GALLANT

7/6/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **PVST**
 STREET ADDRESS **GALLANT, HAROLD G**
 CITY-ST-ZIP **2149 CONGRESSIONAL DRIVE**
ORLANDO FL 32826-5701

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BECKMAN, MARY G**
 CITY-ST-ZIP **P.O. BOX 621873**
ORLANDO FL 32862-1873

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ESPOSITO, LINDA S**
 CITY-ST-ZIP **4851 EDMER CIR**
ORLANDO FL 32822-1702

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

S. BECKMAN **HAROLD GALLANT** **Sep 4, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

919-787-8094

CR2E034 (5/01)