

# 2003 UNIFORM BUSINESS REPORT (UBR)

0036907 AV

DOCUMENT # P98000088584

1. Entity Name  
HCCI, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 10 PM 3:14

Principal Place of Business  
C/O LEWIS B. FREEMAN, ESO.  
2601 S BAYSHORE DRIVE, 19TH FLOOR  
COCONUT GROVE FL 33133

Mailing Address  
C/O LEWIS B. FREEMAN, ESO.  
2601 S BAYSHORE DRIVE, 19TH FLOOR  
COCONUT GROVE FL 33133



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 65-0878345

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

DOOLEY, MARIE E  
3181 KANTER LANE  
KISSIMMEE FL 34746

Name DOOLEY, ROBERT F  
Street Address (P.O. Box Number is Not Acceptable)  
10036 191 ST ROAD  
LIVE OAK, FLORIDA  
City FL Zip Code 32060

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

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 13, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY, MARIE E 3181 KANTER LANE KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY, ROBERT F 3181 KANTER LANE KISSIMMEE FL 34746	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOOLEY, ROBERT F. DOOLEY 3 Jan 2002

Date

Daytime Phone #

CR2E034 (4/02)