2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 11, 2002 8:00 am DOCUMENT # P98000093235 **Secretary of State** 1. Entity Name 02-11-2002 90071 029 ***150.00 H N S. INC. Principal Place of Business Mailing Address 1644 HAWTHORNE ST. 1644 HAWTHORNE ST. SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0876362 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent STARR, C. LAWRENCE III Street Address (P.O. Box Number is Not Acceptable) 4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE STARR. C. LAWRENCE II NAME NAME STREET ADDRESS STREET ADDRESS 4030 GULF OF MEXICO DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change Addition TITLE PVST ☐ Delete TITLE NAME NAME STARR, C. LAWRENCE III STREET ADDRESS STREET ADDRESS 4030 GULF OF MEXICO DRIVE CITY-ST-ZIP CITY-ST-7IP Longboat_key fl 34228 ☐ Change ☐ Addition TITLE _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF 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

(9/01) CR2E034