FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE:

## Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P98000095829 1. Entity Name H.F.S. JACKSONVILLE, INC. 02-07-2002 90162 038 \*\*\*150.00 Principal Place of Business Mailing Address 11251 BUSINESS PARK BLVD: UNIT 7 500 FAIRWAY DR JACKSONVILLE FL 32256 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business 11243 Distribution the Eas Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0874848 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent CHAMBERLAND, MARC J Street Address (P.O. Box Number is Not Acceptable) **500 FAIRWAY DRIVE SUITE 204 DEERFIELD BEACH FL 33441** City 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, 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 After May 1, 2002 Fee will be \$550.00 Tay filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE **PSD** TITLE □ Delete CHAMBERLAND, MARC J NAME NAME STREET ADDRESS 500 FAIRWAY DRIVE SUITE 204 STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HERRLE, KENNETH STREET ADDRESS 500 FAIRWAY DRIVE SUITE 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DEERFIELD BEACH FL 33441** ☐ Delete TITLE Change ☐ Addition TITLE HONROE PATRICIC NAME NAME MONROE, PATRICK 1243 Distribution Ave East STREET ADDRESS STREET ADDRESS 11251 BUSINESS PARK BLVD UNIT 7 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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