

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90325 001 ***317.50

DOCUMENT # P98000102211

1. Entity Name

HR COMPLY CORPORATION

Principal Place of Business

**100 EXECUTIVE WAY, SUITE 110
 PONTE VEDRA FL 32082**

Mailing Address

**5515 N CUMBERLAND AVE
 SUITE 815
 CHICAGO IL 60656**

2. Principal Place of Business

3. Mailing Address

100 Executive Way Suite 110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

City & State

City & State

Ponte Vedra Beach, FL

Zip

Country

Zip

Country

32082

St. Johns

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544678

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREWELL, BRUCE

100 EXECUTIVE WAY, SUITE 110

PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **DC** ☐ Delete
 NAME **JULIAN, DAVID H**
 STREET ADDRESS **580 WASHINGTON**
 CITY-ST-ZIP **GLENCOE IL 60022**

TITLE **DVP** ☐ Delete
 NAME **JULIAN, ROBERT S**
 STREET ADDRESS **812 OZK ST. #402**
 CITY-ST-ZIP **WINNETKA IL 60093**

TITLE **DP** ☐ Delete
 NAME **GREWELL, BRUCE**
 STREET ADDRESS **100 EXECUTIVE STE 110**
 CITY-ST-ZIP **PONTE VERDE FL 32082**

TITLE **D** ☐ Delete
 NAME **JULIAN, HEATHER**
 STREET ADDRESS **580 WASHINGTON**
 CITY-ST-ZIP **GLENDE IL 60022**

TITLE **S** ☐ Delete
 NAME **JULIAN, SUSAN**
 STREET ADDRESS **580 WASHINGTON**
 CITY-ST-ZIP **GLENCOE IL 60-0022**

TITLE **AS** ☐ Delete
 NAME **GAMBLE, CONSTANCE**
 STREET ADDRESS **100 EXECUTIVE WAY STE 110**
 CITY-ST-ZIP **PONTE VERDE FL 32082**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)