

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-27-2002 90415 021 ***158.75

DOCUMENT # P980000104305

1. Entity Name

HMSE ENTERPRISES OF PINELLAS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1636 FIRST AVE
ST PETERS FL

3. Mailing Address

505 NO LAKE SHORE DR
CHICAGO IL

4811

DO NOT WRITE IN THIS SPACE

8771

City & State

33713

Country

City & State

60611

Country

COOK

4. FEI Number

59355

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHEN J. BRACE

Street Address

1636 FIRST AVE

City

ST PETERS

FL

33713

**DO NOT WRITE
IN THIS SPACE**

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

Stephen J. Brace

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

(NOTE: Registered Agent Signature required when remaining)

DATE

04/01/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

STEPHEN J. BRACE PRESIDENT
505 NO LAKE SHORE DR
4811
CHICAGO IL 60611

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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IN THIS SPACE**

CR2034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Brace

Date

Daytime Phone #

4/9/02 3129698764