

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90272 022 ***150.00

DOCUMENT # P99000012356

1. Entity Name
H.J. RESOURCES, INC.



Principal Place of Business
**4149 N HAVERHILL RD
#1601
WEST PALM BEACH FL 33417**

Mailing Address
**PO BOX 631
BROOKSVILLE FL 34605**



2. Principal Place of Business

3. Mailing Address
**19514 CORTEZ Blvd
#151**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BROOKSVILLE FLA

4. FEI Number
65-0931564

Applied For
Not Applicable

Zip

Country

Zip
34601

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUPI, HEIDI J
4149 N HAVERHILL RD
#1601
WEST PALM BEACH FL 33417**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Heidi J. Lupi*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUPI, HEIDI J	
STREET ADDRESS	4149 N HAVERHILL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Heidi J. Lupi Pres.*

2/7/03

561-385-1500

Date

Daytime Phone #

CR2E034 (10/02)