2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000012854 May 14, 2001 8:00 am Secretary of State HFC RESOURCES GROUP, INC. 05-14-2001 90072 015 ***150.00 Principal Place of Business Mailing Address 213 NORTH BAY HILL BLVD. 213 NORTH BAY HILL BLVD. SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 W BAGK L 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 59-3561940 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTEE, RONALD D Street Address (P.O. Box Number is Not Acceptable) 213 NORTH BAY HILL BLVD. SAFETY HARBOR FL 34695 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition SANTEE, RONALD D NAME 213 NORTH BAY HILL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP TITLE TITLE GRAY, GREGORY Santee, Ronald D. NAME NAME 213 NORTH BAY HILL BLVD. STREET ADDRESS 213 North Bay Hills Blud STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 Safety Harbor, FL 34695 CITY-\$T-ZIP TITLE ☐ Addition GRAY, VICKIE NAME NAME Santee, Ronald D. 213 NORTH BAY HILL BLVD. STREET ADDRESS STREET ADDRESS 213 North Bay Hills Blud SAFETY HARBOR FL 34695 CITY-ST-7IP CITY-ST-ZIP safety Harbor, FL 34695 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANTEE, RONALD D NAME NAME 213 N. BAY HILLS BLVD STREET ADDRESS STREET ADDRESS SAFETY_HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Satur - President
E OF SIGNING OFFICER OR DIRECTOR