

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043248

1. Entity Name

H L R , INC.

Principal Place of Business

3363 AIRPORT RD.
CRESTVIEW FL 32539

Mailing Address

1455 S. FERDON. STE. A-1
CRESTVIEW FL 32536-4900

2. Principal Place of Business

3. Mailing Address

3363 AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FLORIDA

4. FEI Number

59-3577664

Applied For

Not Applicable

Zip

Country

Zip

Country

32539

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHM, DONNA R
1455 S. FERDON BLVD., STE. A-1
CRESTVIEW FL 32539

Name ROBERT D. BERG, PST, HLR, INC.

Street Address (P.O. Box Number is not acceptable)
3363 AIRPORT ROAD

City CRESTVIEW

FL

Zip Code 32539

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

~~Robert D. Berg, PST, HLR, Inc.~~ Robert D. BERG, PST, HLR, INC. ~~Robert D. Berg~~ 10 MAR 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERG, ROBERT D 3363 AIRPORT RD. CRESTVIEW FL 32539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERG, HANNE G 3363 AIRPORT RD. CRESTVIEW FL 32539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERG, LISA C 3363 AIRPORT RD. CRESTVIEW FL 32539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 MAR 2000

Date

Daytime Phone #

1-850-683-7104

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90130 026 ***150.00

0007111111



DO NOT WRITE IN THIS SPACE

CR2F034 (04/98)