2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900043248 1. Entity Name H L R , INC.					Secretary of State 01-25-2002 90013 029 ***158.75			
Principal Place of Business 3363 AIRPORT RD. CRESTVIEW FL 32539		Mailing Address 3363 AIRPORT RD. CRESTVIEW FL 32539 US	3363 AIRPORT RD. CRESTVIEW FL 32539					
2. Principal Place of Business 3. Mailing Addre			3		1		81881 1811 1861	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number 59-3577664	— 	pplied For ot Applicable	
Zip	Country	Zip	Country	- 5. (5. Certificate of Status Desired \$8.75 Additional Fee Required		ditional	
	6. Name and Address of Curren	t Registered Agent		7. f	Name and Address of New Registere		-	
		 	Name					
BERG, RC 3363 AIRF	PORT RD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
CRESTVIE	EW FL 32539		City	City Zip Code				
R The above	e named entity submits this statement t	or the purpose of changing i	ts registered office or red	istored an	-			
SIGNATURE ,	Signature, typed or printed name of registered ager	it and title if applicable. (NC	DTE: Registered Agent signature re	quired when re	einstating) DATE	<u>:</u>		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO OFFICERS A	VD DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	PST BERG, ROBERT D 3363 AIRPORT RD. CRESTVIEW FL 32539	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERG, HANNE G 3363 AIRPORT RD. CRESTVIEW FL 32539	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERG, LISA C 3363 AIRPORT RD. CRESTVIEW FL 32539	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLOTHEW TE SESS	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP	** **	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		• • • • • • • • • • • • • • • • • • •	☐ Change	Addition	
indicated of the cor	on this report or supplemental report i	s true and accurate and that owered to execute this report with all other like empowered	my signature shall have rt as required by Chapter	the same I	19.07(3)(i), Florida Statutes. I further c egal effect as if made under oath; that da Statutes; and that my name appears	I am an officer	or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

10 JAN 2002 850
Date Daylime