

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-05-2000 90044 027 ***150.00

DOCUMENT # P99000071323

1. Entity Name

HRE SYSTEMS, INC.

Principal Place of Business

2345 29TH AVENUE, WEST
 BRADENTON FL 34205-5256

Mailing Address

2345 29TH AVENUE, WEST
 BRADENTON FL 34205-5256

2. Principal Place of Business

2345 29TH AVENUE, WEST

3. Mailing Address

1817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

ONECO FL

Zip

34205

Country

MANATEE

Zip

34

Country

MANATEE

4. FEI Number

69-0969024-151710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRIS, GREGORY A
 2345 29TH AVENUE, WEST
 BRADENTON FL 34205-5256

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.

SIGNATURE

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

TITLE: PRESIDENT
 NAME: GREG HARRIS
 STREET ADDRESS: 2345 29TH AVENUE, WEST
 CITY-ST-ZIP: BRADENTON FL 34205

☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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 CITY-ST-ZIP:

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 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)

050-487-6059-2