

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000071987**1. Entity Name
HC AMERICA INC.

Principal Place of Business

345 BEVILLE RD., STE. 103

S. DAYTONA
32119

FL

Mailing Address

345 BEVILLE RD., STE. 103

S. DAYTONA
32119

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3592349

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLAZIER MARSHA D
345 BEVILLE RD., STE. 103S. DAYTONA
32119

FL

US

7. Name and Address of New Registered Agent

Name

MURPHY JAMES J

Street Address (P.O. Box Number is Not Acceptable)
345 BEVILLE RD., STE. 103

City

S. DAYTONA

FL

Zip Code
32119

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 **JAMES J. MURPHY****02/02/2001**

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE YVONNE	
STREET ADDRESS	P.O. BOX 2330	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHIRIBOGA MARK	
STREET ADDRESS	121 WILLOW BOND LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALBIERO VICKI	
STREET ADDRESS	2016 N. DAYTONA AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLAZIER MARSHA	
STREET ADDRESS	401 N. ATLANTIC AVE, #402	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY JAMES J	
STREET ADDRESS	345 BEVILLE ROAD, SUITE 103	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE YVONNE	
STREET ADDRESS	P.O. BOX 2330	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRIBOGA MARK	
STREET ADDRESS	121 WILLOW BOND LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBIERO VICKI	
STREET ADDRESS	2016 N. DAYTONA AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPEL TAMMIE M	
STREET ADDRESS	120 BURT AVE.	
CITY-ST-ZIP	NORTHPORT NY 11768	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JAMES J. MURPHY**

D

02/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)