

# 2001 UNIFORM BUSINESS-REPORT (UBR)

DOCUMENT # **099000076357**

1. Entity Name: **HSL, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 24 AM 10:07

Principal Place of Business: **C/O PNC Bank  
590 Beachland Blvd.  
Vero Beach, FL 32964**

Mailing Address: **Same**

2. Principal Place of Business: **Same**

3. Mailing Address: **Same**

Suite, Apt. # etc.: **Same**

City & State: **Same**

Zip: **Same**

Country: **Same**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **Darryl J Jacobs, Esquire  
4731 N Highway A1A  
Vero Beach, FL 32963**

4. FEI Number: **65-1007384**

Applied For: ☐ Not Applicable

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

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>HARRY SAFRAN</b>	<input type="checkbox"/> Delete
NAME	<b>C/O PNC Bank</b>	
STREET ADDRESS	<b>590 Beachland Blvd.</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32964</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600004315816--5</b>	
STREET ADDRESS	<b>-05/24/01 -01087--027</b>	
CITY-ST-ZIP	<b>****158.75 ****158.75</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600004315816--5</b>	
STREET ADDRESS	<b>-05/24/01 -01087--028</b>	
CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 the 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: **Harry Safran** **4/10/01** **561-231-5334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)