

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083233

1. Entity Name

H.R.M. INVESTMENTS, INC.

Principal Place of Business

1595 NW 1ST COURT  
BOCA RATON FL 33432

Mailing Address

1595 NW 1ST COURT  
BOCA RATON FL 33432-1719

2. Principal Place of Business

428 N.W. 35TH. ST.

3. Mailing Address

P.O. BOX 4001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

65-0948989

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

33429

Country

U.S.A.

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

GRANER, THOMAS  
301 YAMATO ROAD, SUITE 4199  
BOCA RATON FL 33431

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 effects to do so. (See criteria on back) **DISREGARD**

**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	D	<input type="checkbox"/> Delete	TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAESEL, SHAWN R		NAME	SHAWN R. MAESEL	
STREET ADDRESS	1595 NW 1ST COURT		STREET ADDRESS	428 N.W. 35TH. ST	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, RONALD J		NAME	RONALD J. ROBISON	
STREET ADDRESS	1595 NW 1ST COURT		STREET ADDRESS	428 N.W. 35TH. ST	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		<input type="checkbox"/> Delete	TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PETER A. HICKLY	
STREET ADDRESS			STREET ADDRESS	428 N.W. 35TH. ST.	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL. 33431	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00 561-368-9035

CR2E034 (9/99)