

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 032 ***150.00

DOCUMENT # P990000090910

1. Entity Name

HLC Service, Inc

✓ n/c
(MAU)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 E. OSCOLA ST.

3. Mailing Address

401 E. OSCOLA ST

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

102

City & State

STUART FL

City & State

STUART, FL

4. FEI Number

650958692

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HOWARD E. GOOGE

Street Address (P.O. Box Number is Not Acceptable)

401 E OSCOLA ST. #102

City

STUART, FL 34994

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Lillian Goeringer President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Lillian Goeringer
613 SW BRANFORD Rd.
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HARRY F. GOERINGER III
613 SW BRANFORD Rd.
PORT ST LUCIE, FL 34983

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian Goeringer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 561-261-2538

Date

Daytime Phone #

CR2E034B (12/01)