

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91899 014 ***150.00

DOCUMENT # P99000090910

1. Entity Name
HLG SERVICES, INC.



Principal Place of Business
**401 E OSCEOLA ST. SUITE 102
STUART FL 34994**

Mailing Address
**401 E OSCEOLA ST. SUITE 102
STUART FL 34994**



2. Principal Place of Business

613 SW BRANFORD RD.

Suite, Apt. #, etc.

PORT ST LUCIE

City & State

FL

Zip
34983

Country
USA

3. Mailing Address

613 SW BRANFORD RD.

Suite, Apt. #, etc.

PORT ST LUCIE FL

City & State

Zip
34983

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0958692**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOUGE, HOWARD E
401 E OSCEOLA ST, SUITE 102
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GOERINGER, LILLIAN**
STREET ADDRESS **613 SW BRANFORD RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **D** ☐ Delete
NAME **GOERINGER, HARRY**
STREET ADDRESS **613 SW BRANFORD RD.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian Goeringer President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03 772-313-0674
Date Daytime Phone #

CR2E034 (10/02)