2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90683 002 ***150.00

DOCUMENT # S36648

1. Entity Name
HSA CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1315 COUNTRY CLUB RD	1315 COUNTRY CLUB RD
GULF BREEZE FL ~~32561~~ 32563	GULF BREEZE FL ~~32561~~ 32563
US	US

☐ CHECK HERE IF MAKING CHANGES

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 59-3057180 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, GAY HAMILTON
1315 COUNTRY CLUB RD
GULF BREEZE FL ~~32561~~ 32563

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 Gay Hamilton Smith 1/8/2003
Signature, type 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SMITH, GAY HAMILITON ~~4009 BAYPOINTE DR~~ GULF BREEZE FL ~~32561~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4404 MADURA EIGHT GULF BREEZE, FL 32563	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BEDELL, THOMAS R 2623 ~~EDWARD~~ DRIVE GULF BREEZE FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2623 EDMUND DRIVE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUEBEN, RONALD E II 1633 WOODLAWN BEACH ROAD GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD MATTHEWS, NORMAN D. 9370 CHELMESFORD COURT NAVARRE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~JOBB, MATTHEWS~~ 3915 BRISTOL HWY QUINCY FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MATTHEWS, JOHN ☒ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

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: ~~Gay H. Smith~~ SIGNATURE REQUIRED Gay H. Smith 1/8/2003 850 934 0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)