

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

0190759 AV

DOCUMENT # S57949

1. Entity Name
HBC SOUTH, INC

02-12-2002 90110 050 ***150.00

Principal Place of Business
4950 NW 64 DRIVE
CORAL SPRINGS FL 33067

Mailing Address
4950 NW 64 DRIVE
CORAL SPRINGS FL 33067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
735 S. Village Dr.
 Suite, Apt. #, etc.
#102
 City & State
St. Petersburg, FL
 Zip
33716 Country
USA

3. Mailing Address
735 S. Village Dr.
 Suite, Apt. #, etc.
#102
 City & State
St. Petersburg, FL
 Zip
33716 Country
USA

4. FEI Number **65-0318750** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, LEE H.
4950 NW 64 DRIVE
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
735 S. Village Dr.
#102
 City **St. Petersburg** FL Zip Code **33716**

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 Lee H. Rosen Lee H. Rosen 1/27/02
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSEN, LEE H. 4950 NW 64 DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSEN, RUTH A. 4950 N.W. 64 DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	735 S. Village Dr. #102 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	735 S. Village Dr. #102 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LEE H. ROSEN Lee H. Rosen 1/27/02 570-8821
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)