

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90009 041 ***150.00

DOCUMENT # S76209

1. Entity Name

HMS SEMINOLE, INC.



Principal Place of Business

100 BLUFFVIEW DR.
#403A
BELLEAIR BLUFFS FL 33770
US

Mailing Address

PO BOX 505
INDIAN ROCKS BCH FL 33785
US

2. Principal Place of Business

3. Mailing Address

100 BLUFFVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#403A

City & State

City & State
BELLEAIR BLUFFS, FL

Zip

Country

Zip

Country

33770

USA

4. FEI Number

59-3080230

Applied For

Not Applicable

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

WISE, HAL J.
1707B BELLEAIR FOREST DR
CLEARWATER FL 33756

CHANGE ADDRESS →

Name

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

100 BLUFF VIEW DR. #403A

City

BELLEAIR BLUFFS

FL

Zip Code

33770

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, 2004: 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 | P | <input type="checkbox"/> Delete |
| NAME | WISE, HAL J. | |
| STREET ADDRESS | 1707B BELLEAIR FOREST DR | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WISE, MICHAEL M. | |
| STREET ADDRESS | PO BOX 1682 | |
| CITY-ST-ZIP | LARGO FL 33770 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | WISE, STEVEN C. | |
| STREET ADDRESS | P.O. BOX 505 | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL 33785 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 100 BLUFFVIEW DR #403A | |
| CITY-ST-ZIP | BELLEAIR BLUFFS, FL 33770 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1050 STARKEY RD. #807 | |
| CITY-ST-ZIP | LARGO, FL 33771 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3325 EDGECLIFFE DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32806 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Hal J. Wise (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-04

727 588 2350

Date

Daytime Phone #