

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V08224** ✓
 1. Entity Name
HRS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90002 030 ***158.75

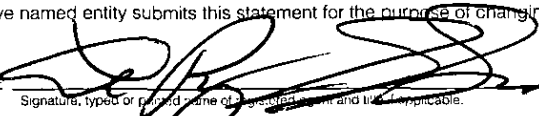
Principal Place of Business Mailing Address
707 S. GULFSTREAM AVE.
SARASOTA, FL 34236

2. Principal Place of Business 3. Mailing Address
707 S. GULFSTREAM AVE **707 S. GULFSTREAM AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#402 **#402**
 City & State City & State
SARASOTA, FL **SARASOTA FL**
 Zip Country Zip Country
34236 SARASOTA **34236 SARASOTA**

4. FEI Number Applied For
65-0307913 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
 Name **LEROY G. SKINNER**
 Street Address (P.O. Box Number is Not Acceptable) **UNIT #402**
707 S. GULFSTREAM AVE
 City State Zip Code
SARASOTA FL 34236

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  DATE **4/3/00**
 Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LEROY G. SKINNER	
STREET ADDRESS	707 S. GULFSTREAM AVE #402	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP SECRETARY	<input type="checkbox"/> Delete
NAME	HELEN M. SKINNER	
STREET ADDRESS	707 S. GULFSTREAM AVE #402	
CITY-ST-ZIP	SARASOTA, FL 34236	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		

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:  DATE **4/3/00** DAYTIME PHONE # **941-954-1492**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)