

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90008 023 ***150.00

DOCUMENT # V08560

1. Entity Name
H. L. R. & ASSOCIATES, INC.

Principal Place of Business 16430 NORTH LAKESHORE DRIVE CLERMONT FL 34711	Mailing Address 16430 NORTH LAKESHORE DRIVE CLERMONT FL 34711
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2. Principal Place of Business 11329 CR 561A Suite, Apt. #, etc.	3. Mailing Address 11329 CR 561A Suite, Apt. #, etc.
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City & State CLERMONT FL	City & State CLERMONT FL	4. FEI Number 59-3102165	Applied For <input type="checkbox"/> Not Applicable
Zip 34711	Country USA	Zip 34711	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROGERS, HERBERT LLEWELLYN JR. 16430 NORTH LAKESHORE DRIVE CLERMONT FL 34711	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11329 CR 561A City CLERMONT FL Zip Code 34711
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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 **HERBERT Llewellyn Rogers, Jr** DATE **04-26-01**
Signature, typed or printed name of registered agent and title 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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, HERBERT L JR 16430 NORTH LAKESHORE DR CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Herbert Rogers Jr** DATE **04-26-01** Daytime Phone # **352-394-5621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)