2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # V54694** 1. Entity Name HR STRATEGIES & SOLUTIONS, INC. 04-30-2001 90350 008 ***150 00 Principal Place of Business Mailing Address 3466 PALLADIAN CIR. 3466 PALLADIAN CIR. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0348985 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HABEGGER, R.E. Street Address (P.O. Box Number is Not Acceptable) 8820 NW 30TH ST. #1 **CORAL SPRINGS FL 33065** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HABEGGER, RICHARD E. STREET ADDRESS STREET ADDRESS 3466 PALLADIAN CIRCLE CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33442 Change ☐ Addition ☐ Delete TITLE NAME NAME HABEGGER, LOUISE G. STREET ADDRESS STREET ADDRESS 3466 PALLADIAN CIR. CITY-ST-ZIP CITY-ST-ZIP---DEERFIELD BEACH FL 33442 Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

Richard E. Holoegger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/24/01

954 574 9146

Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone #

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