

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90001 050 \*\*\*550.00

0132504 AT

**DOCUMENT # P00000044633**

1. Entity Name  
**H.F.S. OF AMERICA, INC.**

Principal Place of Business  
**2788 HAMPTON CIRCLE WEST  
 DELRAY BEACH FL 33445**

Mailing Address  
**P.O. BOX 604  
 BRISTOL PA 19007**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**45-1004461**

Applied For  
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SAPIR, M. RICHARD ESQ.  
 222 LAKEVIEW AVENUE  
 SUITE 1400  
 WEST PALM BEACH FL 33401-6149**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **D PASSANANTE, A. JOHN**  
 STREET ADDRESS **317 MILL RACE LANE**  
 CITY-ST-ZIP **NEW TOWN PA 18940**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PASCARELLI, ANTHONY**  
 STREET ADDRESS **ROCKAWAY STREET**  
 CITY-ST-ZIP **STATEN ISLAND NY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DRISCOLL, SHAWN**  
 STREET ADDRESS **36 KATHRUN DRIVE**  
 CITY-ST-ZIP **ASHLAND MA 01721**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MULVEHILL, BRIAN A**  
 STREET ADDRESS **2788 HAMPTON CIRCLE WEST**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *[Signature]* **RE-SIGNATURE REQUIRED** **A. JOHN PASSANANTE** 9-10-2001 215-990-3337

CR2E034 (5/01)