FILED

2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # P99000103138 1. Entity Name 04-07-2002 90071 032 ***150.00 HNS BULK SERVICES, INC. Principal Place of Business Mailing Address 128 43RD AVE 128 43RD AVE B0059569 VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address 937 74 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3608811 Not Applicable Veño De Sountry Country \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **YICHARD** DURST, RICHARD S Box Number is Not Acceptable) 128 43RD AVE VERO BEACH FL 32968 ⁵546 8. The above named entity switchits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida TRESIDENT SIGNATURE Signature, type (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD CR2E034 (9/01) TITLE PTD ☐ Delete TITLE Change ☐ Addition DURST, RICHARD S NAME DURST, RICHARD S STREET ADDRESS STREET ADDRESS 937 7th Ave 128 43RD AVE CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP Vero Beach, FL <u>32960</u> TITLE ☐ Delete TITLE Change ■ Addition NAME DURST, LISA NAME DURST, LISA STREET ADDRESS STREET ADDRESS 937 7th Ave Vero Beach, FL 32960 128 43RD AVE CiTY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32968 □ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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

SIGNATURE:

changed, or on an attachment with an address, with all

Lother like empowered.