

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90255 031 \*\*\*150.00

**DOCUMENT # K81317**

1. Entity Name  
**H.A.S. BUILDERS, INC.**

Principal Place of Business

**5135 S.W. 113 CT.  
 MIAMI FL 33165**

Mailing Address

**5135 S.W. 113 CT.  
 MIAMI FL 33165**

2. Principal Place of Business

**9170 S.E. 2ND ST. RD.**

Suite, Apt. #, etc.

**TRENTON**

City & State

**TRENTON, FL.**

Zip

**32693**

Country

**GILCHRIST**

3. Mailing Address

**9170 S.E. 2ND ST. RD.**

Suite, Apt. #, etc.

**TRENTON, FL.**

City & State

**TRENTON, FL.**

Zip

**32693**

Country

**GILCHRIST.**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0111088**

Applied For

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

**DIXON, MONROE  
 5911 BIRD ROAD  
 MIAMI FL 33155**

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 \$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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DPS**  Delete  
 NAME: **STAPP, JR., HAROLD A.**  
 STREET ADDRESS: **5135 SW 113 CT.**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VP**  Delete  
 NAME: **BETTERTON, ROBERT**  
 STREET ADDRESS: **9170 SE 2ND ST ROAD**  
 CITY-ST-ZIP: **TRENTON FL 32693**

TITLE: **DIRECTOR**  Change  Addition  
 NAME: **Betterton, Robert**  
 STREET ADDRESS: **9170 S.E. 2 ST RD**  
 CITY-ST-ZIP: **TRENTON, FL 32693**

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
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 STREET ADDRESS: \_\_\_\_\_  
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TITLE: \_\_\_\_\_  Change  Addition  
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 CITY-ST-ZIP: \_\_\_\_\_

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 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: *Harold A. Stapp Jr.* **PROB. HAROLD A. STAPP JR.** 4-27-01 **305 596-2628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)