

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90013 043 ***150.00

SECRET

DOCUMENT # H61714

1. Entity Name
HSD CORPORATION

Principal Place of Business % GERALD BOBO 8089 S.E. COUNTRY ESTATES WAY JUPITER FL 33458	Mailing Address % GERALD BOBO 8089 S.E. COUNTRY ESTATES WAY JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O GERALD BOBO Suite, Apt. #, etc. 8089 SE. COUNTRY ESTATES WAY City & State JUPITER, FL	3. Mailing Address C/O GERALD BOBO Suite, Apt. #, etc. 8089 SE. COUNTRY ESTATES WAY City & State JUPITER, FL
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Zip 33458	Country US	Zip 33458	Country US
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4. FEI Number 65-1103278	Applied For <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOBO, GERALD
8089 S.E. COUNTRY ESTATES WAY
JUPITER FL 33458

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 _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete MCCARTHY, TERENCE P. 2400 S FEDERAL HWY STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOBO, GERALD W. 8089 S.E. COUNTRY ESTATES WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEATHLEY, KERRY H. 8045 BAY POINTE DRIVE ENGLEWOOD, FL 34224
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Gerald W. Bobo President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 561-747-8133
Date Daytime Phone #

CR2E034 (9/01)