

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2002 90013 043 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**C/O GERALD BOBO**  
 Suite, Apt. #, etc.  
**8089 S.E. COUNTRY ESTATES WAY**  
 City & State  
**JUPITER, FL**

**3. Mailing Address**  
**C/O GERALD BOBO**  
 Suite, Apt. #, etc.  
**8089 S.E. COUNTRY ESTATES WAY**  
 City & State  
**JUPITER, FL**

**4. FEI Number** **65-1103278** **NOT APPLICABLE**  
 Applied For  
 Not Applicable

**Zip** **33458** **Country** **US**

**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**

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

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

<b>TITLE</b>	<b>DP</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MCCARTHY, TERENCE P.</b>	
<b>STREET ADDRESS</b>	<b>2400 S FEDERAL HWY</b>	
<b>CITY-ST-ZIP</b>	<b>STUART FL 34994</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

**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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (9/01)