

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90017 027 ***150.00

DOCUMENT # J53116

1. Entity Name
HEALTHCARE FOR BUSINESS AND INDUSTRY, INC.

Principal Place of Business Mailing Address
5032-B GODDARD AVE 5032-B GODDARD AVE
ORLANDO FL 32804 ORLANDO FL 32804

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2766558** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WENDT, EARL J.
5032-B GODDARD AVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name **Walter A. Black**
 Street Address (P.O. Box Number is Not Acceptable)
5032-B Goddard Ave
 City **Orlando** FL **32804**

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 Walter A. Black DATE 4/19/01
 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, 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

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WENDT, EARL J. | |
| STREET ADDRESS | 4 OLD GROVE LANE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BLACK, WALTER A | |
| STREET ADDRESS | 1675 KILLIAN COURT | |
| CITY-ST-ZIP | APOPKA FL 32712 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | WENDT, CHARLENE A | |
| STREET ADDRESS | 4 OLD GROVE LANE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Black, Walter A | |
| STREET ADDRESS | 1676 Killian Ct. | |
| CITY-ST-ZIP | Apopka, FL 32712 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Black, Walter A | |
| STREET ADDRESS | 1676 Killian Ct. | |
| CITY-ST-ZIP | Apopka, FL 32712 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Black, Walter A. | |
| STREET ADDRESS | 1676 Killian Ct. | |
| CITY-ST-ZIP | Apopka, FL 32712 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Walter A. Black DATE 4/19/01 DAYTIME PHONE # 407-298-2663
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)