

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90355 031 \*\*\*150.00

0514340

**DOCUMENT # J92106**

1. Entity Name

**H & B CONSULTING ENGINEERS, INC.**

Principal Place of Business

**410B E. BELT AVE  
C/O DAVID C. HANSON P O BOX 520  
BUSHNELL FL 33513  
US**

Mailing Address

**P.O. BOX 520  
C/O DAVID C. HANSON P O BOX 520  
BUSHNELL FL 33513  
US**

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

**59-2849689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HANSON, DAVID C.  
410B E BELT AVE  
BUSHNELL FL 33513**

7. Name and Address of New Registered Agent

Name **Bedenbaugh, Bennie E.**

Street Address (P.O. Box Number is Not Acceptable)

**410-B E. Belt Ave.**

City

**Bushnell**

**FL**

Zip Code

**33513**

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

*Bennie E. Bedenbaugh*

**Bennie E. Bedenbaugh, President** **3/26/01**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>HANSON, DAVID C.</b>	
STREET ADDRESS	<b>564 S. VIRGINA AVE.</b>	
CITY-ST-ZIP	<b>CENTER HILL FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BEDENBAUGH, BENNIE E.</b>	
STREET ADDRESS	<b>5525 PALM LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bedenbaugh, Bennie E.</b>	
STREET ADDRESS	<b>5525 Palm Lake Circle</b>	
CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wicks, Kenneth R.</b>	
STREET ADDRESS	<b>108 Shorewood Ct.</b>	
CITY-ST-ZIP	<b>Tavares, FL 32778</b>	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Clutts, David</b>	
STREET ADDRESS	<b>926 Lake Elsie Drive</b>	
CITY-ST-ZIP	<b>Tavares, FL 32778</b>	
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:

*Bennie E. Bedenbaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

**Bennie E. Bedenbaugh, Pres.** (352) 793-2113

Date

Daytime Phone #

CR2E034 (10/00)