

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90027 003 \*\*\*150.00

**DOCUMENT # K27675**

1. Entity Name

**HFM STEAMERS, INC.**

Principal Place of Business

14001 OSPREY LINKS RD  
 359  
 ORLANDO FL 32837

Mailing Address

14001 OSPREY LINKS RD  
 359  
 ORLANDO FL 32837-6179

2. Principal Place of Business

14667 Eagles Crossing Dr  
 Suite, Apt. #, etc.

3. Mailing Address

14667 Eagles Crossing Dr  
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

Orange

Zip

32837

Country

Orange

4. FEI Number

59-2898428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MORE, HERBERT FREDERICK

14001 OSPREY LINKS RD., SUITE 359  
 ORLANDO FL 32837

14667 Eagles  
 Crossing Drive

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

*Herbert Frederick More*  
 Signature, typed or printed name of registered agent and title if applicable.

Herbert Frederick More

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, 2000 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	PV	<input type="checkbox"/> Delete
NAME	MORE, HERBERT FREDERICK	
STREET ADDRESS	14001 OSPREY LINKS RD., SUITE 359	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORE, SUSAN R.	
STREET ADDRESS	14001 OSPREY LINKS RD., SUITE 359	
CITY-ST-ZIP	ORLANDO FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14667 Eagles Crossing Dr	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14667 Eagles Crossing Dr	
CITY-ST-ZIP	Orlando, FL 32837	
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:

*Susan R. More*  
 Treasurer

4/30/00

407 8474204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #