

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014116

1. Entity Name
HAAS HOLDINGS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90007 041 ***150.00

Principal Place of Business

**977 1ST AVE N
NAPLES FL 34102**

Mailing Address

**977 1ST AVE N
NAPLES FL 34102**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3623671

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**KRUSE, ELAINE L
977 1ST AVE N
NAPLES FL 34102**

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)

BLANK → ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KRUSE, GREGORY B**
STREET ADDRESS **4670 ST CROIX LANE #637**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **O/N/T** ☒ Change ☐ Addition
NAME **KRUSE, GREGORY B.**
STREET ADDRESS **3310 SANTIAGO WAY**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **D** ☐ Delete
NAME **KRUSE, ELAINE L**
STREET ADDRESS **4670 ST CROIX LANE #637**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **O/P/S** ☒ Change ☐ Addition
NAME **KRUSE, ELAINE L.**
STREET ADDRESS **3310 SANTIAGO WAY**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY B. KRUSE

Date

4/9/01 941-262-4755

Daytime Phone #

CR2E034 (10/00)