

6/22

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90068 039 \*\*\*158.75  
07-12-2001 90114 009 \*\*\*400.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000042695**

1. Entity Name  
**HBAB, INC.**

*(LA)*

Principal Place of Business Mailing Address  
**32 N. SEWALL'S POINT RD. STUART FL 34996**

**ADD 10037**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2395 SE OCEAN BLVD STUART FL.**

3. Mailing Address  
City & State  
Zip Country  
**34996 USA**

4. FEL Number  
**59-3641836**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HANSEN, ROBERT T  
32 N. SEWALL'S POINT RD.  
STUART FL 34996**

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 *Robert T Hansen* DATE **1/26/01**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
**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 <b>D President, Sec.</b>	<input type="checkbox"/> Delete	TITLE <b>HANSEN, ROBERT T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANSEN, ROBERT T</b>		NAME	
STREET ADDRESS <b>32 N. SEWALL'S POINT RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL 34996</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert T Hansen Pres.* DATE: **1/26/01** DAYTIME PHONE: **561-260-4466**

CR2E034 (10/00)