

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90252 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>PP300001091</u>			
1. Entity Name HAEUSLER ENTERPRISES INC			
Principal Place of Business <u>210 HWY 98 E</u> <u>Suite, Apt. #, etc.</u> <u>SLIA # 13</u> DESTIN, FL 32541		Mailing Address <u>324 CEDAR STREET</u> <u>DESTIN FL 32540</u>	
2. Principal Place of Business <u>210 HWY 98 E</u> <u>Suite, Apt. #, etc.</u> <u>SLIA # 13</u> DESTIN, FL 32541		3. Mailing Address <u>P.O. BOX 5111</u> <u>Suite, Apt. #, etc.</u> DESTIN FL 32540	
City & State <u>DESTIN, FL</u> Zip <u>32541</u> Country		4. FEI Number 59-3161301 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRAEMER, MARY K 727 HIGHWAY 98 EAST DESTIN FL 32541		7. Name and Address of New Registered Agent HAEUSLER, STEVEN R. <u>324 CEDAR STREET</u> <u>DESTIN FL 32540</u>	
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. <u>32541</u>			
SIGNATURE <u>PRESIDENT</u> <u>04/27/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAEUSLER, STEVEN R. <u>324 CEDAR STREET</u> <u>DESTIN, FL 32541</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAEUSLER, KELLY A. <u>324 CEDAR STREET</u> <u>DESTIN, FL 32541</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/27/01 850-837-9195 <small>Date Daytime Phone #</small>	