

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020996

1. Entity Name

H. B. I., INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90220 010 \*\*\*150.00

Principal Place of Business

Mailing Address

29800 SW 172 AVE  
HOMESTEAD FL 33030

29800 SW 172 AVE  
HOMESTEAD FL 33030-3301

2. Principal Place of Business

2 DIXIE BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

2 DIXIE BOULEVARD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HENDERSONVILLE, NC

City & State

HENDERSONVILLE, NC

4. FEI Number

65-0481368

Applied For

Not Applicable

Zip

28792

Country

USA

Zip

28792

Country

USA

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

WATKINS, MICHAEL E  
830 N. KROME AVENUE  
HOMESTEAD FL 33030

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME NELSON, CHARLES JR.  
STREET ADDRESS 29800 SW 172 AVE  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Delete  
NAME NELSON, DEONNA P  
STREET ADDRESS 29800 SW 172 AVE  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

CHARLES W. NELSON, JR.  
PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)