

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-13-2001 90065 047 ***150.00

0112118 A1

DOCUMENT # P94000091591

1. Entity Name
H.B. AND COMPANY SERVICES, INC.

Principal Place of Business

**5137 MT. PLYMOUTH RD.
 APOPKA FL 32712**

Mailing Address

**P.O. BOX 1105
 APOPKA FL 32704-1105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3312340**

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

**WATSON, H. B JR
 5137 MT. PLYMOUTH RD.
 APOPKA FL 32712**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DPST** ☐ Delete
 NAME **WATSON, H B JR**
 STREET ADDRESS **5137 MT. PLYMOUTH RD.**
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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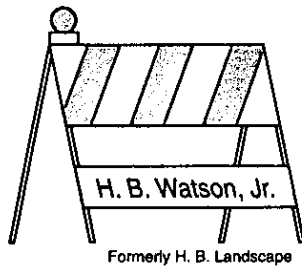
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **H.B. Watson** *H.B. Watson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/01 **407/886-4787**
 Date Daytime Phone #

CR2E034 (5/01)



H.B. & COMPANY SERVICES, INC.

P.O. Box 1105, Apopka
Florida 32704-1105

(407) 886-4787

(407) 886-6160

Fax

ATTACHMENT
A0081004

FAX COVER SHEET

P94000091591

From: H. B. Watson

Date: August 06, 2001

To: 2001 UBR Specialist

Company: Division of Corporations

Department: Uniform Business Report Filings

Fax Number:

Number of pages including cover sheet: Two

Message / Memo:

Dear Sirs;

During the first four months of this year, we experienced problems receiving our mail via our post office box. Some of our mail was placed into the wrong receptacle. Some mail was returned to the post office for redelivery and some, I assume, was not returned.

Our filing this late report was not willfull neglect but rather due to circumstances beyond our control.

Please acccept my application and check for Document # P94000091591 as this is the first notice I have received.

Thank you for your consideration.

H.B. Watson