

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063342

1. Entity Name

Hruda International Company, Inc.

ADDRESS change

FILED

01 JAN 12 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

600 Ardmore Road  
West Palm Bch  
FL 33401

1800 Embassy Dr  
WPB, FL 33401

2. Principal Place of Business

3. Mailing Address

1780 Clare Ave  
Suite, Apt. #, etc.

5008 Whispering Hollow  
Suite, Apt. #, etc.

00-01 UBR

City & State

WPB Florida

City & State

PBG Florida

4. FFI Number

05-0601529

Applied For

Not Applicable

Zip  
33401

Country  
USA

Zip  
334183536

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

Name Peter Hruda

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

5008 Whispering Hollow

City Palm Beach Gardens FL Zip Code 33418

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

12/12/00

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 President  
NAME Peter Hruda  
STREET ADDRESS 1780 CLARE AVE  
CITY-ST-ZIP WPB, FLORIDA 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/00

Date

Daytime Phone #

CR2E034 (9/99)