

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050031

1. Entity Name

HMD INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90052 005 ***150.00

Principal Place of Business

517 LAKE MIRIAM DRIVE
LAKELAND FL 33813

Mailing Address

P.O. BOX 2042
LAKELAND FL 33859-1441

2. Principal Place of Business

3. Mailing Address

PO Box 1441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Wales Fla.

Zip

Country

Zip
33859

Country

Do 11k

4. FEI Number 36-3380641

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

DONALDSON, HENRY M
517 LAKE MIRIAM DRIVE
LAKELAND FL 33813

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONALDSON, HENRY M
P.O. BOX 2042, N/A
LAKELAND FL 33806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Henry m Donaldson
PO Box 1441
Lake Wales Fla. 33859 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

Henry M Donaldson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

863 679 9473

Daytime Phone #