

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000070463**

1. Entity Name

HBD ENTERPRISES, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90039 015 ***150.00

Principal Place of Business

**1897 PALM BEACH LAKES
204
WEST PALM BEACH FL 33409
US**

Mailing Address

**17587 31ST RD N.
LOXAHATCHEE FL 33470-3685
US**

2. Principal Place of Business

17587 31st rd. North

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Loxahatchee Fla.

Zip

33470

Country

USA

City & State

Zip

Country

4. FEI Number

65-0702402

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, MARY
514 SW DAIRY RD
PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WIDDICK, ROBERT	
STREET ADDRESS	17587 31ST RD N.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE	S	<input type="checkbox"/> Delete
NAME	WIDDICK, DIANE	
STREET ADDRESS	17587 31ST RD N.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Widdick	
STREET ADDRESS	17587 31st Rd. North	
CITY-ST-ZIP	LOXAHATCHEE, Fla. 33470	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:*Diane Widdick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-2000 561-753-7212

CP25024 (10/00)