

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90039 015 ***150.00

DOCUMENT # P96000070463

1. Entity Name
HBD ENTERPRISES, INC.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17587 31st rd. North	3. Mailing Address Suite, Apt. #, etc.
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City & State Loxahatchee Fla.	City & State	4. FEI Number 65-0702402	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 33470	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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	
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDDICK, ROBERT 17587 31ST RD N. LOXAHATCHEE FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Diane Widdick 17587 31st Rd. North LOXAHATCHEE, Fla. 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIDDICK, DIANE 17587 31ST RD N. LOXAHATCHEE FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 **Diane Widdick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-15-2000 Daytime Phone #: 561-753-7212