

# 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 <b>1897 PALM BEACH LAKES          204          WEST PALM BEACH FL 33409          US</b>	Mailing Address <b>17587 31ST RD N.          LOXAHATCHEE FL 33470-3685          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>17587 31st rd. North</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Loxahatchee Fla.</b>	City & State
Zip <b>33470</b>	Country <b>USA</b>

4. FEI Number <b>65-0702402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIDDICK, ROBERT</b> <b>17587 31ST RD N.</b> <b>LOXAHATCHEE FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WIDDICK, DIANE</b> <b>17587 31ST RD N.</b> <b>LOXAHATCHEE FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Diane Widdick</b> <b>17587 31st Rd. North</b> <b>LOXAHATCHEE, Fla. 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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

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

CPRE/2000 (10/00)