

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000055188**

1. Entity Name

HONOR BILT ASSOCIATES, INC.**FILED****Apr 12, 2000 8:00 am**
Secretary of State

04-12-2000 90086 010 ***158.75

Principal Place of Business

**1400 E HILLSBOROUGH BLVD
100
DEERFIELD BEACH FL 33441**

Mailing Address

**1400 E HILLSBOROUGH BLVD
100
DEERFIELD BEACH FL 33441-4202**

2. Principal Place of Business

13927 DOUBLETREE TR.

3. Mailing Address

13927 DOUBLETREE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FLORIDA

4. FEI Number

65-0763784

Applied For

Not Applicable

Zip

33414-4062

Country

USA

Zip

33414-4062

Country

USA5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**POSNER, GARY
21205 NE 34TH AVENUE
906
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **ROGER BACON**

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

13927 DOUBLETREE TRAIL

City

WELLINGTON,

FL

Zip Code

33414-4062

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	P/D POSNER, GARY	21205 NE 34TH AVE., # 906	AVENTURA FL 33180	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P/D ROGER BACON	13927 DOUBLETREE TRAIL	WELLINGTON, FL. 33414-4062		

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00**561-753-9222**

CR2E034 (9/99)