

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-13-2000 90004 013 ***150.00

DOCUMENT # P99000096413

1. Entity Name
HSB ELECTRONICS, INC.

Principal Place of Business Mailing Address

26 BURNHAM LANE 26 BURNHAM LANE
PALM COAST FL 32137 PALM COAST FL 32137-3545

2. Principal Place of Business 3. Mailing Address

ENTERPRISE DR ENTERPRISE DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 5 UNIT 5

City & State City & State

BUNNELL BUNNELL

Zip Country Zip Country

32110 USA 32110 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3609617 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, MICHAEL
26 BURNHAM LANE
PALM COAST FL 32137

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 _____

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT
STREET ADDRESS		STREET ADDRESS	MICHAEL ROSE
CITY-ST-ZIP		CITY-ST-ZIP	26 BURNHAM LN
			PALM COAST, FL 32137
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	WILLI FRITSCH
CITY-ST-ZIP		CITY-ST-ZIP	AM MARKT
			7755 ACHTERN / GERMANY
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	PETER WURCH
CITY-ST-ZIP		CITY-ST-ZIP	KIRCHPLATZ 5
			97708 BAD BOCKLET / GERMANY
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	MICHAEL TAYLOR
CITY-ST-ZIP		CITY-ST-ZIP	87 LOWER END
			LEAFIELD, OXFORDSHIRE, OX85QB, ENGLAND
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **MICHAEL ROSE** Date: **01-04-00** Daytime Phone #: **904-447-8441**