

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90003 005 ***150.00

DOCUMENT # P99000109464

1. Entity Name

HABILIA, INC.

Principal Place of Business

Mailing Address

C/O DAVID ALLEN WEBSTER, P.A.
 413 VIRGINIA DRIVE
 ORLANDO FL 32803

C/O DAVID ALLEN WEBSTER, P.A.
 413 VIRGINIA DRIVE
 ORLANDO FL 32803

C/O DAVID A. WEBSTER, ESQ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1153 BENNETT DRIVE

3. Mailing Address
701 PEACHTREE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LONGWOOD, FL 32750

City & State
ORLANDO, FLORIDA

4. FEI Number

59-3614542

Applied For

Not Applicable

Zip Country

Zip
32804

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, DAVID ALLEN P.A.
413 VIRGINIA DRIVE
ORLANDO FL 32803

Name

UWSA SERVICES, INC.

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

701 PEACHTREE ROAD

City **ORLANDO**

FL

32804

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

David Webster
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15 Feb 2000

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	D	<input type="checkbox"/> Delete
NAME	KNUDSEN, K. PREBEN	
STREET ADDRESS	1153 BENNETT DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
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		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUDSEN, PREBEN K.	
STREET ADDRESS	1153 BENNETT DRIVE	
CITY-ST-ZIP	LONGWOOD, FL. 32750	
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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

407-831-6633

Daytime Phone #

CR2E034 (9/99)