

# 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

2. Principal Place of Business  
**1153 BENNETT DRIVE**

3. Mailing Address  
**701 PEACHTREE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**LONGWOOD, FL 32750**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number

**59-3614542**

Applied For

Not Applicable

Zip

Country

Zip

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KNUDSEN, K. PREBEN**  
**1153 BENNETT DRIVE**  
**LONGWOOD FL 32750**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**KNUDSEN, PREBEN K.**  
**1153 BENNETT DRIVE**  
**LONGWOOD, FL. 32750**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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☐ Change

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☐ Delete

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☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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

**2/11/00**

Date

**407-831-6633**

Daytime Phone #

CR2E034 (9/99)