

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90050 012 \*\*\*150.00

**DOCUMENT # P99000109464**

1. Entity Name  
**HABILIA, INC.**

Principal Place of Business: **1153 BENNETT DRIVE LONGWOOD FL 32750**  
 Mailing Address: ~~C/O DAVID ALLEN WEBSTER, P.A.~~  
**701 PEACHTREE RD ORLANDO FL 32804**

920000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **c/o Webster & Partners, P.L.**  
 Suite, Apt. #, etc.:  
**PO Box 2310**  
 City & State: **Winter Park, FL**  
 Zip: **32790-2310** Country: **USA**

4. FEI Number: **59-3614542** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**UWSA SERVICES INC**  
**701 PEACHTREE RD**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
 Name: **W & P Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable): **1936 Lee Road, Suite 101**  
 City: **Winter Park** FL Zip Code: **32789**

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 A. Webster, President** *25 Jan 2001*  
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, 2001 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: <b>P</b>	<input type="checkbox"/> Delete	TITLE: <b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KNUDSEN, K. PREBEN</b>		NAME: <b>Knudsen, K. Preben</b>	
STREET ADDRESS: <b>1153 BENNETT DRIVE</b>		STREET ADDRESS: <b>1153 Bennett Drive</b>	
CITY-ST-ZIP: <b>LONGWOOD FL 32750</b>		CITY-ST-ZIP: <b>Longwood, FL 32750</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete	TITLE: <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>KNUDSEN, JESPER F.</b>		NAME: <b>Knudsen, Jesper F.</b>	
STREET ADDRESS: <b>1153 BENNETT DRIVE</b>		STREET ADDRESS: <b>1153 Bennett Drive</b>	
CITY-ST-ZIP: <b>LONGWOOD, FL 32750</b>		CITY-ST-ZIP: <b>Longwood, FL 32750</b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete	TITLE: <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>KNUDSEN, LIS F.</b>		NAME: <b>Knudsen, Lis F.</b>	
STREET ADDRESS: <b>1153 BENNETT DRIVE</b>		STREET ADDRESS: <b>1153 Bennett Drive</b>	
CITY-ST-ZIP: <b>LONGWOOD, FL 32750</b>		CITY-ST-ZIP: <b>Longwood, FL 32750</b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	

CR2E034 (10/00)

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: **K. Preben Knudsen** *2/26/01* **407-831-6633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE