2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   S05092

1. Entity Name
HSD RETIREMENT FUND, INC.

Principal Place of Business	Mailing Address
301 N JOHN YOUNG PARKWAY	3500 WOOD BERRY CT
KISSIMMEE FL 34741	KISSIMMEE FL 34746
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Zip	Country	Zip	Country

4. FEI Number   59-3130828   Applied For / Not Applicable

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
COUCH, HEIDI	Name UTE GELTZ
3500 WOOD BERRY CT	Street Address (P.O. Box Number is Not Acceptable)
KISSIMMEE FL 34746	6091 MARTHA'S LANE
	City ST. CLOUD FL Zip Code 34771

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 _UTE Gelt_   UTE GELTZ

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 04-06-02

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, 2002 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 **PD** NAME **COUCH, HEIDI** STREET ADDRESS **3500 WOOD BERRY CT** CITY-ST-ZIP **KISSIMMEE FL 34746**	☐ Delete	TITLE PD NAME UTE GELTZ STREET ADDRESS 6091 MARTHA'S LANE CITY-ST-ZIP ST CLOUD, FL 34771	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (9/01)

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: _UTE Gelt_ UTE GELTZ   04-06-02   407 908 6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #