

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64036

1. Entity Name

HBSDM, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90026 011 ***150.00

Principal Place of Business

Mailing Address

P O BOX 126
CLEARWATER FL 34617
US

P.O. BOX 51650
NEW BERLIN WI 35151
US

110043340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0273797**

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

MUELLER, ROBERT J.
2900 GULF BLVD.
S207
BELLEAIR BEACH FL 34635

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

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, 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 ☐ Delete

NAME PD
STREET ADDRESS HENKELS, THOMAS J.
CITY-ST-ZIP 2900 S. 166TH STREET
NEW BERLIN, WI 53151

TITLE ☐ Delete

NAME S
STREET ADDRESS MUELLER, JEROLD A
CITY-ST-ZIP 2900 SOUTH 166 TH STREET
NEW BERLIN WI

TITLE ☒ Delete

NAME D
STREET ADDRESS NELSON, DELAINE
CITY-ST-ZIP 2900 S. 166TH STREET
NEW BERLIN, WI 53151

TITLE ☐ Delete

NAME T
STREET ADDRESS CLEVELAND, ROBERT
CITY-ST-ZIP 2900 S. 166TH STREET
CLEARWATER, FL 34630

TITLE ☐ Delete

NAME V
STREET ADDRESS ERNST, CHRISTINE
CITY-ST-ZIP 2900 S 166TH ST
NEW BERLIN WI

TITLE ☐ Delete

NAME C
STREET ADDRESS MUELLER, DENNIS
CITY-ST-ZIP 2900 S 166TH ST
NEW BERLIN WI

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28-00 (862) 6417164

CR2E034 (9/99)