

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-01-2001 90199 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108381

1. Entity Name
 H.D.COM, INC.

Principal Place of Business

KINGS PORT MONACO, #M-611
 DEL RAY BEACH FL 33446

Mailing Address

KINGS PORT MONACO, #M-611
 DEL RAY BEACH FL 33446

2. Principal Place of Business

SAN DIEGO, CA.

3. Mailing Address

10464 CLAIREMONT MESA BLVD

Suite, Apt. #, etc.

P.O. Box 420184

Suite, Apt. #, etc.

165

City & State

S. D., CA

City & State

S. D., CA

Zip

92142

Country

U.S.

Zip

92124

Country

U.S.

4. FEI Number

33-0937565

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAUSER, MARION

KINGS PORT MONACO, #M-611
 DEL RAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

Gerry Hauser

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

KINGS P.T. MONACO

City

M 6-11

Zip Code

DEL RAY BEACH FL

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE SD
 NAME HAUSER, GERRY
 STREET ADDRESS KINGS PORT MONACO, #M-611
 CITY-ST-ZIP DEL RAY BEACH FL 33446

☐ Delete

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
 NAME GERRY HAUSER
 STREET ADDRESS 10464 CLAIREMONT MESA BLVD. / #165
 CITY-ST-ZIP SAN DIEGO, CA 92124

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)