

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 049 ***150.00

0989164 FP

DOCUMENT # P96000024906

1. Entity Name
HERSHEY ENTERPRISES, INC.



Principal Place of Business
**3164 ST ANNES PL.
BOCA RATON FL 33946**

Mailing Address
**17715 SPRINGWINDS DR
CORNELIUS NC 28031**



2. Principal Place of Business
17715 SPRINGWINDS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Cornelius, NC

City & State

4. FEI Number
65-0676452

Applied For
Not Applicable

Zip
28031

Country
USA

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

**SHOR, JOEL A CPA
3164 ST ANNES PL.
BOCA RATON FL 33946**

Name
MARLIN S. HERSHEY
Street Address (P.O. Box Number is Not Acceptable)

**16130 Rio Del Paro
Delray Beach FL 33446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marlin S. Hershey*
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P HERSHEY, MARLIN**
STREET ADDRESS **3164 ST ANNES PL.**
CITY-ST-ZIP **BOCA RATON FL 33946**

TITLE Change Addition
NAME **P HERSHEY, MARLIN**
STREET ADDRESS **17715 SPRINGWINDS DRIVE**
CITY-ST-ZIP **Cornelius, NC 28031**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marlin S. Hershey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

704-896-4982
Daytime Phone #

CR2E034 (10/02)