

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032467

1. Entity Name
J.M. HEDIN & ASSOCIATES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90088 004 ***150.00

Principal Place of Business

3725 S. OCEAN DRIVE, #806
HOLLYWOOD FL 33019

Mailing Address

3725 S. OCEAN DRIVE, #806
HOLLYWOOD FL 33019

2. Principal Place of Business

3003 S Atlantic Ave

Suite, Apt. #, etc.

6A2

City & State

Daytona Bch Shores FL

Zip
32118

Country
USA

3. Mailing Address

3003 S Atlantic Ave

Suite, Apt. #, etc.

6A2

City & State

Daytona Bch Shores FL

Zip
32118

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0743539

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

HEDIN, JEAN M

3725 S. OCEAN DRIVE, #806
HOLLYWOOD FL 33019

3003 S Atlantic Ave
#6A2
Daytona Beach Shores, FL
32118

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HEDIN, JEAN M
3725 S. OCEAN DRIVE, #806
HOLLYWOOD FL 33019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3003 S Atlantic Ave 6A2
Daytona Beach Shores FL 32118

☒ Change ☐ Addition

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:

Jean M Hedin

1/16/01

Date

904/767-0616

Daytime Phone #

CR2E034 (10/00)