

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90009 031 \*\*\*150.00

**DOCUMENT # P96000028308**

1. Entity Name

**HIPP INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

DOUGLAS AVE STE 1224  
 TAMONTE SPRINGS FL 32714

PO BOX 35064  
 SIESTA KEY FL 34278

*1386 Fifth  
 Sarasota, FL 34236*



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

**59-3368335**

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

**POCHEDLEY, DANIEL R**  
~~518 DOUGLAS AVE STE 1224~~  
~~ALTAMONTE SPRINGS FL 32714~~

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

*34236*

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

*Daniel R. Pochedley*  
*President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/16/00*

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	PT	<input type="checkbox"/> Delete
NAME	POCHEDLEY, DANIEL R	
STREET ADDRESS	518 DOUGLAS AVE STE 1224	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUSTAVO, RIZZETTO	
STREET ADDRESS	518 DOUGLAS AVE STE 1224	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHOVLIN, MICHAEL	
STREET ADDRESS	PO BOX 35064	
CITY-ST-ZIP	SIESTA KEY FL 34278	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHOVLIN, PATRICIA	
STREET ADDRESS	PO BOX 35064	
CITY-ST-ZIP	SIESTA KEY FL 34278	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Daniel R. Pochedley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/00*  
 Date

*948-365-8877*  
 Daytime Phone #

CR2E034 (9/99)