

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 258983

1. Entity Name

PERSONAL INVESTMENTS INC

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90132 048 \*\*\*150.00

Principal Place of Business

Mailing Address

6558 DOG TRACK RD  
INTERSECTION HWY 79 & HWY 20  
EBRO FL 32437  
US

6558 DOG TRACK RD  
INTERSECTION HWY 79 & HWY 20  
EBRO FLA 32437-1142  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1162937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESS, STOCKTON R  
6512 DOG TRACK RD.  
EBRO FL 32437

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 PD ☐ Delete  
NAME HESS, STOCKTON R  
STREET ADDRESS 6512 DOG TRACK RD  
CITY-ST-ZIP EBRO FL 32437

TITLE D ☐ Change ☒ Addition  
NAME Linda M. Bradley  
STREET ADDRESS 9917 Birch Terrace  
CITY-ST-ZIP Charlevoix, MI 49720

TITLE SD ☐ Delete  
NAME HESS, HARRY L  
STREET ADDRESS 6558 DOG TRACK RD  
CITY-ST-ZIP EBRO FL 32437

TITLE D ☐ Change ☒ Addition  
NAME Craig R. Stevens  
STREET ADDRESS 3181 Crystal Lake Dr.  
CITY-ST-ZIP Chipley, FL 32428

TITLE TD ☐ Delete  
NAME HESS, MARGARET G  
STREET ADDRESS 10102 WOODSONG WAY  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HATER, ROBERT E. II  
STREET ADDRESS 1330 NEEB ROAD  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HATER, JOHN M.  
STREET ADDRESS 11508 TRASK S.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HESS, BRYAN L  
STREET ADDRESS 10102 WOODSONG WAY  
CITY-ST-ZIP TAMPA FL 33618

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 850-234-3943

CR2E034 (9/99)