

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 238141

1. Entity Name
HESSLER'S INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90143 049 ***150.00

Principal Place of Business

1788 FOWLER ST
FT. MYERS FL 33901
US

Mailing Address

1788 FOWLER ST
FORT MYERS FLA 33901
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-0906857

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

CARL W. HESSLER
1788 FOWLER ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HESSLER, CARL W	
STREET ADDRESS	1788 FOWLER ST.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILES, LEONARD, JR	
STREET ADDRESS	13647 PINE VILLA LANE SE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	SV	<input type="checkbox"/> Delete
NAME	WILES, STEVEN	
STREET ADDRESS	1989 LONG FELLOW DR.	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HESSLER, LOIS M	
STREET ADDRESS	1215 ALHAMBRA LANE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
STREET ADDRESS	
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:

Steven W. Wiles STEVEN W. WILES

Date

1-8-01

Daytime Phone #

941-334-1537

CR2E034 (10/00)