

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 303035

1. Entity Name
HERMIL, INC.

Principal Place of Business

P.O. BOX 1363
COCOA FL 32923-1363

Mailing Address

P.O. BOX 1363
COCOA FL 32923-1363

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WAGES, MILDRED L
467 FORREST AVE STE 116
COCOA FL 32922

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, 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

TITLE PD
NAME WAGES, MILDRED L
STREET ADDRESS 467 FORREST AVE STE 116
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE VD
NAME WAGES-PLOTKIN, VIRGINIA L
STREET ADDRESS 300 E 33RD ST #4-M
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE TVD
NAME JOHNSON, SUSAN W
STREET ADDRESS 2195 FRIDAY ROAD
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE SD
NAME WAGES-DUGGAN, HELEN E.
STREET ADDRESS 1090 SAINT GEORGE ROAD
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Mildred L Wages
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00
Date

321-636-4281
Daytime Phone #

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90081 049 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1201083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required