## 2001 UNIFORM BUSINESS REPORT (UBR)

address, with all other like

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with a

## Jan 29, 2001 8:00 am **DOCUMENT # 461171 Secretary of State** 1. Entity Name SAM H. HERRON, JR., INC. 01-29-2001 90181 011 \*\*\*150.00 Principal Place of Business Mailing Address SAN SERVANDO AVE SAN SERVANDO AVE WARM MINERAL SPRGS FL 34287 WARM MINERAL SPRGS FL 34287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0065575 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRON, JR. S Street Address (P.O. Box Number is Not Acceptable) 1200 SAN SERVANDO AVE. WARM MINERAL SPRINGS FL 34287 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE ☐ Change HERRON, SAM H JR NAME NAME SAN SERVANDO AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP WARM MINERAL SPR FL SD ☐ Change TITLE □ Delete TITLE Addition LANIER, HAZEL NAME NAME የመቀል **ዘህእና ዜና የተ**መቀየም 4970 Laurel Hill Driv STREET ADDRESS STREET ADDRESS SARASCHARIX Venice, Florida 34293 CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Delete TITLE Change\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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