

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90006 012 ***563.50

DOCUMENT # 523396

1. Entity Name
J.J. DORBEL, CORP.



Principal Place of Business **1041 FAIRVIEW LA** Mailing Address **1041 FAIRVIEW LA**
~~1161 DOLPHIN ROAD~~ ~~1161 DOLPHIN ROAD~~
RIVIERA BEACH FL 33404-2714 **RIVIERA BEACH FL 33404-2714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1041 FAIRVIEW LANE** 3. Mailing Address **1041 FAIRVIEW LA**
 Suite, Apt. #, etc.

City & State **Riviera Bch, FL** City & State **Riviera Bch, FL**

4. FEI Number **59-1718334** Applied For
 Not Applicable

Zip **33404** Country **P.B.** Zip **33404** Country **P.B.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HIBEL, WILLIAM R
~~1161 DOLPHIN ROAD~~ **1041 FAIRVIEW LA**
RIVIERA BEACH FL 33419

7. Name and Address of New Registered Agent

Name **William Hibel**
 Street Address (P.O. Box Number is Not Acceptable) **1041 FAIRVIEW LA**
 City **Riviera Beach** **FL** Zip Code **33404**

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 **William R. Hibel** **7/5/01**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	STD	<input type="checkbox"/> Delete
NAME	HIBEL, WILLIAM R	
STREET ADDRESS	1161 DOLPHIN ROAD 1041 FAIRVIEW LA	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIBEL, DORIS E	
STREET ADDRESS	1161 DOLPHIN ROAD 1041 FAIRVIEW LA	
CITY-ST-ZIP	RIVIERA BEACH FL	
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"/> 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	
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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: **William R. Hibel** **7/5/01** **(561) 842 5426**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0071800 AV

CR2E034 (5/01)