

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672010

1. Entity Name

HEDEGARD INDUSTRIES, INC.

Principal Place of Business

1805 N. BAY RD.  
MOUNT DORA FL 32757

Mailing Address

P.O. BOX 335  
EUSTIS FL 32727-0335

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

HEDEGARD, PATRICIA B  
1805 N. BAY RD.  
MOUNT DORA FL 32757

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	<input type="checkbox"/> Delete
NAME	HEDEGARD, GLEN A	
STREET ADDRESS	1805 N. BAY RD.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEDEGARD, GLEN A	
STREET ADDRESS	1805 N. BAY RD.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEDEGARD, PATRICIA B.	
STREET ADDRESS	1805 N. BAY RD.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEDEGARD, PATRICIA B.	
STREET ADDRESS	1805 N. BAY RD.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
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: Patricia B. Hedegard Patricia B. Hedegard 1-19-2000 589-2688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90141 017 \*\*\*150.00

910484



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2021596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)