2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2002 8:00 am Secretary of State DOCUMENT # **743062** NORTHWEST SECTION FLORIDA PROFESSIONAL PHOTOGRAP 03-05-2002 90064 008 ****61.25 HERS, INC. Principal Place of Business Mailing Address 218 NORTH SPRING STREET 218 NORTH SPRING STREET PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2946171 Not Applicable Zip Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) MALINOWSKI, RAY 218 N. SPRING STREET PENSACOLA FL 32501 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE TITLE TOMOHAY, D. J. 1191-A Eqlin Parkway PMB 187 HOLLY, JANEENE NAME NAME 625 MANCHESTER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Shalimar FL.32579 CITY-ST-ZIP FORT WALTON BEACH FL 32547 VΡ Holly Janeene 625 manchester Rd. Change ☐ Addition ✓ Delete TITLE TITLE TOMCHAY, D.J. NAME NAME 1191-A EGLIN PARKWAY #187 STREET ADDRESS STREET ADDRESS Fort Walton Beach FL 32547 CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL 32597 S----Change Addition 8 Wilhour, Judy 180 Middle Plantation Lane Delete TITLE TIŤLE JORDAN, BRENDA NAME NAME P.O. BOX 44 OR 320 B BAYSHORE DR STREET ADDRESS STREET ADDRESS Gulf Breeze, FL 32561 CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 Change ☐ Addition TITLE T BOWNE ☐ Delete TITLE Jondan Brenda P.O. Box 44 or 320B Bayshore DR BROWNE, TED NAME NAME STREET ADDRESS STREET ADDRESS 9735 HOLLOWBROOK CITY-ST-ZIP Niceville, FL. 3257 CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete TITLE TITLE D Carter, Tom ☐ Change BERARDI, MIKE NAME NAME 5649 Sunflower Ave 63 2ND AVE STREET ADDRESS STREET ADDRESS Milton, FL 32570 CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL 32597 TITLE Change TITLE ☐ Delete Ard Diane 5465 Woodbine Rd AUDLEMAN, AL NAME NAME 106 E. GREGORY STREET STREET ADDRESS STREET ADDRESS Pace, FL. 3257/ CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501

changed, or on an attachment with an address, with all other like empowered. SIGNATURE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if