

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006251

1. Entity Name

HEWITT & DASHER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90101 016 ***150.00

Principal Place of Business

746 E.G. MILES PKWY
HINESVILLE GA 31313

Mailing Address

746 E.G. MILES PKWY
HINESVILLE GA 31313

2. Principal Place of Business

411 South Main St.

3. Mailing Address

411 South Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hinesville, GA

City & State

Hinesville, GA

Zip

31313

Country

Liberty

Zip

31313

Country

Liberty

4. FEI Number 59-3282209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEWITT, GREG
2294 MAYPORT RD #25
ATLANTIC BCH FL 32233

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]

[Signature]

4/18/01

(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 \$150.00
After MAY 1, 2001 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	PS	<input type="checkbox"/> Delete
NAME	DASHER, ALAN	
STREET ADDRESS	851 OLD FIELD DR	
CITY-ST-ZIP	HINESVILLE GA 31313	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HEWITT, GREG	
STREET ADDRESS	1827 KINGS WAY	
CITY-ST-ZIP	NEPTUNE BCH FL 32266	
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	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

(912) 368-9197

Date

Daytime Phone #

CR2E034 (10/00)