

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90236 018 ***150.00

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DOCUMENT # G50486

1. Entity Name
HERRING MANAGEMENT, INC.



Principal Place of Business
424 PALMOLA ST.
LAKELAND FL 33803

Mailing Address
424 PALMOLA ST.
LAKELAND FL 33803



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3243 Highlands Lakeview Circle
Suite, Apt. #, etc.
Lakeland, FL
City & State

3. Mailing Address
3243 Highlands Lakeview Circle
Suite, Apt. #, etc.
Lakeland, FL
City & State

4. FEI Number **59-2331055**

Applied For
☐ Not Applicable

Zip
33813
Country
POK

Zip
33813
Country
POK

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLARK, RONALD~~
~~500 S. FLORIDA STE 800~~
~~LAKELAND FL 33801~~

Name
JERRY HERRING
Street Address (P.O. Box Number is Not Acceptable)
3243 Highlands Lakeview Cir
City
Lakeland FL Zip Code
33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERRING, JERRY
425 PALMOLA STREET
LAKELAND FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HERRING, JERRY
425 PALMOLA STREET
LAKELAND FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2003

Date

863-682-6575

Daytime Phone #

CR2E034 (10/02)