

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91195 004 ***150.00

DOCUMENT # H15485

1. Entity Name

HERPEL CAST STONE AND COLUMN CO.

Principal Place of Business

**8400 GEORGIA AV
WEST PALM BEACH FL 33405**

Mailing Address

**8400 GEORGIA AV
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HERPEL, FREDERICK H.
8400 GEORGIA AVENUE
WEST PALM BEACH FL 33405**4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

OWNERSHIP IS \$15.00

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

11. OFFICERS AND DIRECTORS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERPEL, FREDERICK H.
8400 GEORGIA AVENUE
WEST PALM BEACH FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERPEL, HENRY K.
8400 GEORGIA AVENUE
WEST PALM BEACH FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERPEL, PATRICIA B.
8400 GEORGIA AVENUE
WEST PALM BEACH FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TERRY, MARTHA H.
8400 GEORGIA AV
W PALM BCH FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TERRY, PRESCOTT L
8400 GEORGIA AV
W PALM BCH FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
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

Frederick H. Herpel President 5/1/01

TOTAL P.03