

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H67088**

1. Entity Name
HYMAN ENTERPRISES, INC.

Principal Place of Business

**4949 SUNBEAM RD.
#8
JACKSONVILLE FL 32257**

Mailing Address

**4949 SUNBEAM RD.
#8
JACKSONVILLE FL 32257**

2. Principal Place of Business

**4949 SUNBEAM RD.
#8**

3. Mailing Address

**4949 SUNBEAM RD.
#8**

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32257

Country
USA

Zip
32257

Country
USA

4. FEI Number **59-2570751**

Applied For
Not Applicable

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

**HYMAN, WARREN L.
4949 SUNBEAM ROAD, #8
JACKSONVILLE FL 32257**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HYMAN, WARREN
4949 SUNBEAM RD. #5
JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4949 SUNBEAM RD. #8

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
HYMAN, JEANETTE J.
4949 SUNBEAM RD. #5
JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4949 SUNBEAM RD. #8

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: Warren L Hyman (WARREN L. HYMAN) 04/17/01 (904) 733-2308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)