FILED
Apr 09, 2002 8:00 am
Secretary of State
03-06-2002 90098 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88846

1. Entity Name
HERMAN BUILDING, INC.

Principal Place of Business	Mailing Address
% DAVID KERBEN 725 N. MAGNOLIA AVENUE ORLANDO FL 32803	% DAVID KERBEN 725 N. MAGNOLIA AVENUE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		31436 Soaring Hawk Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Sorrento, Fl	
Zip	Country	Zip: 32776	Country: USA

4. FEI Number 59-2614088 ☐ 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
KERBEN, DAVID 725 N. MAGNOLIA AVENUE ORLANDO FL 32803	Name: Patricia E. Martin Street Address (P.O. Box Number is Not Acceptable): 31436 Soaring Hawk Lane City: Sorrento, Fl FL Zip Code: 32776

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 Patricia E Martin Sect/Treas 2-21-02
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, 2002 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	P KERBEN, DAVID 725 N. MAGNOLIA AVE. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, PATTE 725 N. MAGNOLIA AVE. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: Patricia E Martin 2-21-02 352-735-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)