

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90226 031 ***150.00

DOCUMENT # H92547

1. Entity Name

THE HRKAL COMPANY

Principal Place of Business

**26920 WEDGEWOOD DR., SW 306
 BONITA SPRINGS FL 33923**

Mailing Address

**26920 WEDGEWOOD DR., SW 306
 BONITA SPRINGS FL 33923**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2670453

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

**SPEAR, JOHN D.
 9200 BONITA BEACH RD.
 SUNSHIRE PROFESSIONAL CENTER
 BONITA SPRINGS FL 33923**

Do not change

Name

Souerson, Sheldon, Dougherty & Molenda, P.A.

Street Address (P.O. Box Number is Not Acceptable)

7300 West 177th St. Suite 600

City

Apple Valley, MN

FL

Zip Code

55124

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

J.W. Hrkal VP

JOHN W. HRKAL

1-25-02

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 **PS** ☐ Delete
 NAME **HRKAL, CRAIG S**
 STREET ADDRESS **1909 SHOREWOOD LANE**
 CITY-ST-ZIP **MOUND MN 55364**

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

TITLE **VP** ☐ Delete
 NAME **HRKAL, JOHN W**
 STREET ADDRESS **26920 WEDGEWOOD DR 306**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

J.W. Hrkal **REQUIRED** **JOHN W. HRKAL**

1-25-02

941-947-3870

Date

Daytime Phone #

CR2E034 (9/01)