

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K28448****1. Entity Name**
HERRIN ENTERPRISES, INC.**Principal Place of Business****% ELIZABETH BROWN HERRIN**
1090 E JOHN SIMS PKY
NICEVILLE FL 32578**Mailing Address****% ELIZABETH BROWN HERRIN**
1090 E JOHN SIMS PKY
NICEVILLE FL 32578**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**7. Name and Address of New Registered Agent****HERRIN, ELIZABETH BROWN**
607 BROOKHAVEN WAY
NICEVILLE FL 32578

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	<input type="checkbox"/> Delete
	PST			
	HERRIN, ELIZABETH BROWN	607 BROOKHAVEN WAY	NICEVILLE FL	
	D			
	HERRIN, ELIZABETH BROWN	607 BROOKHAVEN WAY	NICEVILLE FL	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90073 019 ***150.00

B0024632

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2900944

Applied For

Not Applicable

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

CR2E034 (10/00)