

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90095 033 ***150.00

0621005 AV

DOCUMENT # K92995

1. Entity Name

HG & LL, INC.

Principal Place of Business

**1645 BARBER ROAD
 SUITE C
 SARASOTA FL 34240
 US**

Mailing Address

**C/O TEODORE GOLLNICK
 240 N. WASHINGTON BLVD.
 SARASOTA FL 34236
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8110 BLAIKIE COURT

Suite, Apt. #, etc.

SUITE E

3. Mailing Address

C/O Theodore A. Gollnick

Suite, Apt. #, etc.

100 Wallace Ave, # 205

City & State

SARASOTA, FLORIDA

City & State

Sarasota FL

4. FEI Number

59-2960655

Applied For

☐ Not Applicable

Zip

34240

Country

USA

Zip

34237

Country

USA

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

6. Name and Address of Current Registered Agent

**GOLLNICK, THEODORE A
 240 NORTH WASHINGTON BOULEVARD
 SUITE 500
 SARASOTA FL 34236**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/2002

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 \$560.00
 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

TITLE **DP** ☐ Delete
 NAME **LIPPERT, LARRY**
 STREET ADDRESS **1645 BARBER ROAD, SUITE C**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **DS** ☐ Delete
 NAME **GOLLNICK, H. MARK**
 STREET ADDRESS **1645 BARBER ROAD, SUITE C**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **VP** ☐ Delete
 NAME **SUE T. STORCK**
 STREET ADDRESS **1645 BARBER ROAD, SUITE C**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8110 BLAIKIE COURT, SUITE E**
 CITY-ST-ZIP **SARASOTA FL 34240**

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TITLE ☐ Change ☐ Addition
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Gen 4/3/02 941.371-9653

Date

Daytime Phone #

CR2E034 (9/01)