2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007290

1. Entity Name: HEP-8-CLER, L.C

AMENDED FILED 2001 FORM (UBR)

01 AUG 15 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O EZON FLORIDA, INC 1100-5TH AVE S. #401 NAPLES FL 34102	

2. Principal Place of Business	3. Mailing Address
C/O EZON FLORIDA INC	C/O EZON FLORIDA, INC
Suite, Apt. #, etc.: 1100-5TH AVE S. #401	Suite, Apt. #, etc.: 1100-5TH AVE S. #401
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34102 Country: USA	Zip: 34102 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACK O. TACKETT 1100-5TH AVE S. #401 NAPLES, FL 34102	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 _____ DATE
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $55.00
Make Check Payable to Department of State

$ 55.00

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 400804546324--3 -08/21/01--01015--013 *****55.00 *****55.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: BY JACK O. TACKETT 1100-FIFTH AVE S. NAPLES FL 34102 ☒ 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
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ MANAGING MEMBER 941-263-1712
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

BARRY GOMEZ