

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011697

1. Entity Name
THE HEBROCK CORPORATION

APPROVED
AND
FILED

pa/az

01 JUL 18 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**253 E. VIRGINIA ST.
TALLAHASSEE FL 32301**

Mailing Address
**253 E. VIRGINIA ST.
TALLAHASSEE FL 32301**

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

59-3629679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEBROCK, BILL J
3263 SHANNON LAKES N.
TALLAHASSEE FL 32308**

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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/C/P Bill J. Hebrock 3263 Shannon Lakes North Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/S/T Anne D. Hebrock 3263 Shannon Lakes North Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bill J. Hebrock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-01 850-222-1988
Date Daytime Phone #

CR2E034 (5/01)

pg 2 of 2

HEBROCK & STEINER, INC.

☐ CALIFORNIA OFFICE
2081 Business Center Drive, Suite 285
Irvine, California 92612-1117
Telephone 949.756.1988
Facsimile 949.752.1525

☐ ARIZONA OFFICE
14545 North Frank Lloyd Wright Boulevard, Suite 139
Scottsdale, Arizona 85260-8808
Telephone 850.222.1988
Facsimile 480.614.8179

☐ FLORIDA OFFICE
253 East Virginia Street
Tallahassee, Florida 32301-1263
Telephone 850.222.1988
Facsimile 850.222.9329

July 18, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Via Hand Delivery

To Whom It May Concern:

I am writing to request a waiver of any late fees or penalties associated with the following submission:

2001 UBR for The Hebrock Corporation

On April 10, 2001, I mailed a completed 2001 UBR for this corporation along with the appropriate payment of \$150.00. The report and payment were received in a timely fashion, and the Division deposited the check.

However, Division records indicate that the report was incomplete and that we were notified by mail of that fact. I do not remember receiving an incomplete records notice, and did not learn of the error until this week.

Therefore, I have attached another completed 2001 UBR for this corporation and a copy of the canceled check previously received by the Division for this report. I ask that you accept this second report, my previously paid amount of \$150.00 and waive any late fees or penalties associated with the inadvertent and inconsequential error.

Thank you very much for your consideration.

Sincerely,



Bill J. Hebrock
President
The Hebrock Corporation