

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90187 001 ***158.75

DOCUMENT # P00000020910

1. Entity Name
HERE ENTERPRISES, INC.

Principal Place of Business 1116 SEA PINES WAY LANTANA WAY FL 33462	Mailing Address 1116 SEA PINES WAY LANTANA WAY FL 33462
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 871 NE DIXIE HWY	3. Mailing Address 871 N.E. DIXIE HWY.
Suite, Apt. #, etc. UNIT #2	Suite, Apt. #, etc. UNIT #2
City & State JENSEN BEACH, FLORIDA	City & State JENSEN BEACH, FLORIDA
Zip 34957	Country

4. FEI Number 65-0995003	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MUELLER, HORST W
1116 SEA PINES WAY
LANTANA WAY FL 33462

7. Name and Address of New Registered Agent
 Name **MUELLER HORST W.**
 Street Address (P.O. Box Number is Not Acceptable)
871 N.E. DIXIE HWY. #2
 City **JENSEN BEACH** **FL** Zip Code **34957**

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 _____ (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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, HORST W 1116 SEA PINES WAY LANTANA WAY FL 33462 <input checked="" 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	D/B/P MUELLER, HORST W 871 N.E. DIXIE HWY. #2 JENSEN BEACH, FL. 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T MUELLER, ROSWITHA 871 N.E. DIXIE HWY. #2 JENSEN BEACH, FL. 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUELLER, EIKE C. 871 N.E. DIXIE HWY. #2 JENSEN BEACH, FL. 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEWETT, STEPHEN P. 1116 SEA PINES WAY LANTANA, FL. 33462 <input type="checkbox"/> Change <input checked="" 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: _____ Date **1-29-01** Daytime Phone # **(561) 232-5090**

CR2E034 (10/00)