

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90153 027 \*\*\*158.75

DOCUMENT # P00000048829

1. Entity Name

HENDRICKS & PEREZ ENTERPRISES, INC.

Principal Place of Business

1819 S. LAKE REEDY BLVD.  
FROSTPROOF FL 33843

Mailing Address

1819 S. LAKE REEDY BLVD.  
FROSTPROOF FL 33843

2. Principal Place of Business

3582 N. Access Rd

Suite, Apt. #, etc.

3. Mailing Address

3582 N. Access Rd

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

59-3643961

Applied For

Not Applicable

Zip

34224

Country

Charlotte

Zip

34224

Country

Charlotte

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

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 \$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  
D  
HENDRICKS, ROBERT D II  
1819 S. LAKE REEDY BLVD.  
FROSTPROOF FL 33843

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
R. D. Hendricks II  
3582 N. Access Rd  
Englewood FL 34224

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

R. D. Hendricks II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/01 941-474-7922

CR2E034 (10/00)