

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90307 011 ***158.75

0416237

DOCUMENT # P00000104001

1. Entity Name
HERMAN & ASSOCIATES, INC.

Principal Place of Business
**8466 N LOCKWOOD RIDGE ROAD #255
 SARASOTA FL 34243**

Mailing Address
**8466 N LOCKWOOD RIDGE ROAD #255
 SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8466 N LOCKWOOD RIDGE RD.

3. Mailing Address

SARASOTA FL 34243

(Suite) Apt. #, etc.

255

Suite, Apt. #, etc.

SAME

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34243

Country

USA

Zip

34243

Country

USA

4. FEI Number

65-1054095

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERMAN, MARK A
 8466 N LOCKWOOD RIDGE ROAD #255
 SARASOTA FL 34243**

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

MARK HERMAN

01/03/01

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE **D** ☐ Delete
 NAME **HERMAN, JENNIFER A**
 STREET ADDRESS **8466 N LOCKWOOD RIDGE ROAD #255**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ Delete
 NAME **HERMAN, MARK A**
 STREET ADDRESS **8466 N LOCKWOOD RIDGE ROAD #255**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MARK HERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/03/01

Daytime Phone #

CR2E034 (10/00)