

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 007 ***150.00

DOCUMENT # P01000002307

1. Entity Name

LORD & HERTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

106 EAST FIFTH AVENUE

3. Mailing Address

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA FLORIDA

City & State

FLORIDA

4. FEI Number

65-1067629

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas R Herter

Street Address (P.O. Box Number is Not Acceptable)

106 EAST FIFTH AVE

City

MOUNT DORA

FL

Zip Code
32757

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

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

(NOTE: Registered Agent signature required when reinstating)

4-4-02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Pres. - Dent. - TREAS.
Thomas R Herter
106 EAST FIFTH AVENUE SUITE 203
MOUNT DORA FL 32757

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President. - Sec.
CHRISTIAN M TACK
11 LETHBRIDGE RD
WEST PALM BEACH FL 33418

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R Herter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02
Date

Daytime Phone #

CR2E034B (12/01)