2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P01000019074 **DOCUMENT #**

1. Entity Name

Principal Place of Business

HEDSTROM, INCORPORATED



Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90123 012 ***150.00

FILED



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City & Sta	3) Springs, FL	Tarpan Spr	ings, FL	4. FE	Number 59-3709469	——————————————————————————————————————	Applied For Not Applicable	
3468	9 53A	34689-		5. Ce	rtificate of Status Desired	\$8.75 A	dditional red	
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New Regis	<u>- </u>	-	ľ
MEDETO	MM VDIETINE M		Name		•			l
HEDSTROM, KRISTINE M 3855 LAKESHORE DR.			Street Aday	Street Address (P.D. Box Number is Not Acceptable)				
PALM H	ARBOR FL 34684							ĺ
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8. The above	e named entity submits this statement to	the purpose of changing its r	registered office or reg	gistered agen	, or both, to the State of Florida		n, and accept	ŀ
trie obliga	ution of registered agent.	1 11_			i	1210		١.
• 1	Next of III (N	1 / Walt 7 7 7 7						
SIGNATURE	Signature, typed or printed name of registered agent a	(NOTE:	Registered Agent signature re	equired when reing	ating)	1100		
		(NOTE:	Registered Agent signature re	actived when reins	ating)	DATE	· · · ·	
F	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	•	Registered Agent signsture re	actived when rains	9. Election Campaign Financi Trust Fund Contribution.		00 May Be	
F	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND I	State	Registered Agent signature re		Election Campaign Financi Trust Fund Contribution.	☐ Adde	d to Fees	
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12. Thereby 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 pocycler or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact them with an address, with all prior like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

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☐ Delete

Daytime Phone #

Change

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