

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 012 ***150.00

DOCUMENT # P01000019074

1. Entity Name
HEDSTROM, INCORPORATED



Principal Place of Business
**3855 LAKESHORE DR.
PALM HARBOR FL 34684**

Mailing Address
**3855 LAKESHORE DR.
PALM HARBOR FL 34684**

2. Principal Place of Business
2534 Richards Rd
Suite, Apt. #, etc.

3. Mailing Address
2534 Richards Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Tarpon Springs, FL
Zip
34689 Country
USA

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Tarpon Springs, FL
Zip
34689 Country
USA

4. FEI Number **59-3709469**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEDSTROM, KRISTINE M
3855 LAKESHORE DR.
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2504 Richards Rd
City
Tarpon Springs FL Zip Code
34689

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE **Kristine M. Hedstrom**

DATE **1/7/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDSTROM, KRISTINE M 3855 LAKESHORE DR. PALM HARBOR FL 34684	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kristine M. Hedstrom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)