

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90035 037 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000030496

1. Entity Name
HIEBERT FINE WOOD, INC.

Principal Place of Business
4890 61 CIR
VERO BEACH FL 32967

Mailing Address
4890 61 CIR
VERO BEACH FL 32967

2. Principal Place of Business
384 Old Dixie Hwy

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Vero Beach FL

City & State
 Suite, Apt. #, etc.

Zip
32967

Country
USA

Zip
 Suite, Apt. #, etc.

Country

4. FEI Number
65-1090514

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
HIEBERT, GERALD R
4890 61 CIR
VERO BEACH FL 32967

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<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		

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: *Michelle Hiebert* **Michelle Hiebert** **4/27/02** **772-667-8531**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)