

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 043 \*\*\*150.00

**DOCUMENT # P01000047485**

1. Entity Name

**HEMBREE MAINTENANCE CO.**

Principal Place of Business

1819 MAIN ST., STE. 402  
 SARASOTA FL 34236

Mailing Address

1819 MAIN ST., STE. 402  
 SARASOTA FL 34236

2. Principal Place of Business

1335 Second Street  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEL Number

65-1102446

Applied For

Not Applicable

Zip

34236

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HEMBREE, JOE R**  
 1819 MAIN ST., STE. 402  
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name  
 1335 Second Street  
 Street Address (P.O. Box Number is Not Acceptable)

City Sarasota FL Zip Code 34236

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 Joe R. Hembree Joe R Hembree 4-29-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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 ☐ Delete  
 NAME **D HEMBREE, JOE R**  
 STREET ADDRESS **1819 MAIN ST., STE. 402**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
 NAME **D HUGHES, MATTHEW**  
 STREET ADDRESS **1819 MAIN ST., STE. 402**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 STREET ADDRESS  
 CITY-ST-ZIP

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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)(l), 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: Joe R. Hembree Joe R Hembree 4-29-02 941-981-1776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/01)