

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90151 032 ***150.00

0023018 AV

DOCUMENT # P01000051795

1. Entity Name

HECHT CORPORATION

Principal Place of Business

SHORSTEIN & KELLY. ATTYS
3821 ATLANTIC BLVD
JACKSONVILLE FL 32207

Mailing Address

SHORSTEIN & KELLY. ATTYS
3821 ATLANTIC BLVD
JACKSONVILLE FL 32207

2. Principal Place of Business

5055 Sunbeam Rd.

3. Mailing Address

Hecht Corporation
PO Box 56377

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32257

Country
USA

Zip
32241-6377

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORSTEIN, MICHAEL A ESQ
3821 ATLANTIC BLVD
JACKSONVILLE FL 32207

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTSD
HECHT, STUART I
PO BOX 56377
JACKSONVILLE FL 32207 (see zip change)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
correct zip is: 32241-6377

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Stuart I. Hecht
STUART I. HECHT, PRES.

1/13/02

904-731-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)