

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90127 019 \*\*\*150.00

**DOCUMENT # P01000080221**

1. Entity Name  
**HES MARKETING & MANAGEMENT CORPORATION**

Principal Place of Business  
**1555 PALM BEACH LAKES BLVD SUITE 1510**  
**WEST PALM BEACH FL 33401**

Mailing Address  
**1555 PALM BEACH LAKES BLVD SUITE 1510**  
**WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2776 UNIVERSITY DR**

3. Mailing Address

Suite, Apt. #, etc.  
**THE WALK**

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS FL.**

City & State

4. FEI Number

**65-1134344**

Applied For

Not Applicable

Zip  
**33065**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LESHER, GERALD S**  
**1555 PALM BEACH LAKES BLVD SUITE 1510**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
**HAROLD SEIGEL**

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

**THE WALK**

**2776 UNIVERSITY DR.**

City  
**CORAL SPRINGS**

FL

Zip Code

**33065**

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 **HAROLD SEIGEL, PRESIDENT**

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	<b>PRESIDENT</b> <b>HAROLD SEIGEL</b> <b>2776 UNIVERSITY DR.</b> <b>CORAL SPRINGS FL 33065</b>	<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
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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

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: **HAROLD SEIGEL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02** (904) 656-1070  
 Date Daytime Phone #

CR2E034 (9/01)