

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90003 011 ***558.75

DOCUMENT # P93000039030

1. Entity Name

HASSLER - LEDBETTER CONSTRUCTION, INC.

Principal Place of Business

**4000 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176
 US**

Mailing Address

**P.O. BOX 1446
 FLAGLER BEACH FL 32136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3193655

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HASSLER, TIMOTHY J
 124 AVALON DRIVE
 ORMOND BEACH FL 32176**

Name

RONALD N. JOHNSON

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

326 S. GRANDVIEW AVE.

City

DAYTONA BEACH

FL

Zip Code **32118**

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

Tim Hassler, PRES.

Ronald N. Johnson

7/22/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **HASSLER, TIMOTHY J**
 STREET ADDRESS **124 AVALON DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTSD** ☐ Delete
 NAME **LEDBETTER, JOHN C**
 STREET ADDRESS **3080 JOHN ANDERSON DR**
 CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Tim Hassler, PRES. **7/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0925034 (5/01)