

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045474

1. Entity Name

BRENDA HIBBELN, P.A.

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90315 002 \*\*\*150.00

Principal Place of Business

1800 SECOND ST., S-800  
STE 900  
SARASOTA, FL 34236  
US

Mailing Address

7350 S TAMiami TRAIL 302  
SARASOTA FL 34231  
US

00039999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7350 S TAMiami TRAIL  
Suite, Apt. #, etc.  
# 302

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34231

Country

U.S.

Zip

Country

4. FEI Number

65-0419716

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEICHTER, PAUL  
3920 BEE RIDGE RD BLDG B  
SARASOTA FL 34236

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

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HIBBELN, BRENDA S  
7350 S TAMiami TRAIL 302  
SARASOTA FL



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

941-921-5302

Daytime Phone #

CR2E034 (10/00)