

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90396 023 ***550.00

DOCUMENT # P93000045474

1. Entity Name
BRENDA HIBBELN, P.A.

Principal Place of Business

**7350 S TAMiami TRAIL
 #302
 SARASOTA FL 34231
 US**

Mailing Address

**7350 S TAMiami TRAIL 302
 SARASOTA FL 34231
 US**

00124967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Dunbar Ave

Suite, Apt. #, etc.

Oldsmar FL

City & State

34677

Zip

Country

3. Mailing Address

PO Box 10000

Suite, Apt. #, etc.

Oldsmar FL

City & State

34677

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Hibbeln Brenda S.**
 STREET ADDRESS **PO Box 10,000**
 CITY-ST-ZIP **Oldsmar FL 34677**

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

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

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 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)(f), 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 the 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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/02 83-855-7384
 Date Daytime Phone #

CR2E034 (9/01)