

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046303

1. Entity Name

HETHERMAN/DESIGN CONSTRUCTION CORPORATION

Principal Place of Business

319 S. DILLARD ST.
WINTER GARDEN FL 34787

Mailing Address

P.O. BOX 690474
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

319 S. DILLARD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER GARDEN FL

Zip

Country

Zip

Country

34787

4. FEI Number

59-3196331

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

7. Name and Address of New Registered Agent

Name

PETER E HETHERMAN

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

8019 HOOK CIRCLE

City

ORLANDO

FL

Zip Code

32836

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]

PETER E HETHERMAN

4/23/01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HETHERMAN, PETER E	
STREET ADDRESS	8019 HOOK CIR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	HETHERMAN, THOMAS	
STREET ADDRESS	386 N BOYD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HETHERMAN, IRENE	
STREET ADDRESS	8019 HOOK CIR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	S	<input type="checkbox"/> Delete
NAME	HETHERMAN, KATHLEEN	
STREET ADDRESS	8019 HOOK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

4076569888

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90010 015 ***158.75

754090



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)