

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022170

1. Entity Name

TIM HERMES & ASSOCIATES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90492 047 ***150.00

Principal Place of Business

673 LAKE DRIVE
VERO BEACH FL 32963

Mailing Address

673 LAKE DRIVE
VERO BEACH FL 32963

2. Principal Place of Business

845 OLD DIXIE Hwy
Suite, Apt. #, etc.

3. Mailing Address

845 OLD DIXIE Hwy
Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32960

Country

U.S.A.

Zip

32960

Country

U.S.A.

4. FEI Number

65-0479040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, STEVE L ESQUIRE
817 BEACHLAND
VERO BEACH FL 32963

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 ☐ Delete
NAME D
STREET ADDRESS HERMES, TIM
CITY-ST-ZIP 673 LAKE DRIVE
VERO BEACH FL 32963

TITLE ☐ Delete
NAME D
STREET ADDRESS HERMES, RITA A
CITY-ST-ZIP 673 LAKE DRIVE
VERO BEACH FL 32963

TITLE ☒ Delete
NAME VP
STREET ADDRESS BLACK, TOM
CITY-ST-ZIP 2002 S 31ST STREET
FORT PIERCE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: TIM HERMES TIM HERMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

Daytime Phone #

561-231-7779

CR2E034 (10/00)

0085938