

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90074 012 ***150.00

DOCUMENT # P94000062459

1. Entity Name
HACKL ENTERPRISES, INC.

Principal Place of Business
11211 PROSPERITY FARMS ROAD
SUITE B-104
PALM BEACH GARDENS FL 33410
US

Mailing Address
11211 PROSPERITY FARMS ROAD
SUITE B-104
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

PO Box 32053

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NORTH PALM BEACH

4. FEI Number **65-0516462**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33420

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

HACKL, CRAIG M
11211 PROSPERITY FARMS RD. SUITE B-104
WEST PALM BEACH FL 33410

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)