

2002 UNIFORM BUSINESS REPORT (UBR)

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

0359561
 AV

DOCUMENT # P95000064697

1. Entity Name

DONALD HERBSTMAN P.E., C.S.P., P.A.

02-11-2002 90113 002 ***150.00

Principal Place of Business

**145 OAKWOOD LANE
 PALM BEACH GARDENS FL 33410**

Mailing Address

**145 OAKWOOD LANE
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6411 EASTPOINTE PINES ST

Suite, Apt. #, etc.

6411 EASTPOINTE PINES ST.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

Zip

33418

Country

4. FEI Number

65-0603412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERBSTMAN, DONALD
 145 OAKWOOD LN
 PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

Name **DONALD HERBSTMAN**

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

6411 EASTPOINTE PINES STREET

City **PALM BEACH GARDENS, FL**

Zip Code **33148-6906**

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

Donald Herbstman - **DONALD HERBSTMAN - PRES** ✓ **1/25/02**

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

TITLE **PD** ☐ Delete
 NAME **HERBSTMAN, DONALD**
 STREET ADDRESS **145 OAKWOOD LN**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **HERBSTMAN, DONALD**
 STREET ADDRESS **6411 EASTPOINTE PINES STREET**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33148-6906**

TITLE **STD** ☐ Delete
 NAME **HERBSTMAN, SHEVI**
 STREET ADDRESS **145 OAKWOOD LN**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **STD** ☒ Change ☐ Addition
 NAME **HERBSTMAN, SHEVI**
 STREET ADDRESS **6411 EASTPOINTE PINES STREET**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33148-6906**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Donald Herbstman - **DONALD HERBSTMAN** **1/25/02**

Date

Daytime Phone #

561-715-0067

CR2E034 (9/01)