

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087494

1. Entity Name

HEAD ASSOCIATES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90269 012 ***150.00

Principal Place of Business

Mailing Address

2615 N W 9TH TERRACE
FT. LAUDERDALE FL 33311

2615 N W 9TH TERRACE
FT. LAUDERDALE FL 34950-5914

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2721 S. Indian River Dr.

2721 S. Indian River Drive

City & State

City & State

Ft. Pierce, FL

Ft. Pierce, FL

Zip

Country

Zip

Country

34950

USA

34950

USA

4. FEI Number

65-0627626

Applied For

Not Applicable

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

HEAD, RUFUS
2615 N W 9TH TERRACE
FT. LAUDERDALE FL 33311

Name

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

2721 S. Indian River Drive

City

Ft. Pierce

FL

Zip Code

34950

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, 2000 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
NAME HEAD, RUFUS
STREET ADDRESS 2615 N W 9TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ Delete

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-00

Date

561-595-6795

Daytime Phone #

CR2E034 (9/99)