

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90042 041 \*\*\*550.00

0126894 AT

**DOCUMENT # P96000021698**

1. Entity Name  
**HOOPER ENGINEERING, INC.**

Principal Place of Business  
**2752 LEONARD REID AVE**  
**SARASOTA FL 34234**

Mailing Address  
**P.O. BOX 25516**  
**SARASOTA FL 34277**

2. Principal Place of Business  
**8125 25th Court East**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8125 25th Court East**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA FL**  
 Zip  
**34243**

City & State  
**SARASOTA FL**  
 Zip  
**34243**

4. FEI Number  
**65-0649827**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FORD, JON R**  
**2752 LEONARD REID AVE**  
**SARASOTA FL 34234**

**7. Name and Address of New Registered Agent**

Name  
**Heidi Harlfinger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8125 25th Court East**  
 City  
**SARASOTA FL** Zip Code  
**34243**

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 **Heidi Harlfinger** **8-17-01**  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>FORD, JON R</b> <b>1495 SIESTA DR</b> <b>SARASOTA FL 34279</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>FORD, JON R</b> <b>1495 SIESTA DR</b> <b>SARASOTA, FL 34279</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>VOGEL, LINDA</b> <b>117 EASTMAN ST</b> <b>EASTON, MA 02375</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>HARLFINGER, HEIDI</b> <b>117 EASTMAN ST</b> <b>EASTON, MA 02375</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARLFINGER, CHARLES E.</b> <b>117 EASTMAN ST</b> <b>EASTON, MA 02375</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Heidi Harlfinger** **8-17-01** **508-238-8884**  
 Date Daytime Phone #

CR2E034 (5/01)