

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025858

1. Entity Name

HEBSGAARD ASSOCIATES LITERARY AGENTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90861 039 ***158.75

Principal Place of Business

817 CENTERWOOD DR
TARPON SPRINGS FL 34689
US

Mailing Address

P.O. BOX 753
TARPON SPRINGS FL 34689-7226

2. Principal Place of Business

3. Mailing Address
817 CENTERWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TARPON SPRINGS, FL

4. FEI Number 59-3409113

Applied For
Not Applicable

Zip

Country

Zip
34689-7226

Country
U.S.A.

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

LIPKA, CHRISTINA H
817 CENTERWOOD DR
TARPON SPRINGS FL 34689

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, 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	P	<input type="checkbox"/> Delete
NAME	LIPKA, CHRISTINA H.	
STREET ADDRESS	817 CENTERWOOD DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

f-27-DD 727 943-0895
Date Daytime Phone #

CR2E034 (9/99)