

2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00-90006-035-\$150.00-\$150.00

DOCUMENT # P96000053293

1. Entity Name

RICHARD HESS, INC.

APPROVED
AND
FILED

Tg, 10/2

00 JUL 14 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2641 S.E. 20TH AVENUE
CAPE CORAL FL 33904

Mailing Address

2641 S.E. 20TH AVENUE
CAPE CORAL FL 33904-3228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

LEE

LEE

4. FEI Number 65-0675237

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

HESS, MARY L
2641 S.E. 20TH AVENUE
CAPE CORAL FL 33904

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 restating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HESS, RICHARD L 2641 S.E. 20TH AVENUE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HESS, MARY L 2641 S.E. 20TH AVENUE CAPE CORAL FL 33904	<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
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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 employed.

SIGNATURE:

Mary Lou Hess, Vice President 5-31-2000 941-772-1397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR E034 (9/97)

123
Pg. 2 of 2

**RICHARD HESS, INC.
2641 SE 20TH AVENUE
CAPE CORAL, FL 33904
PHONE 941.772.1397**

May 31, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: P96000053293

I am writing to you to tell you why this report was filed late. Mr. Hess was being treated for cancer and my attention and thoughts were only on that. I forgot to send in the report till May 31, 2000. At the time he was also not working, thus no cash flow.

I would much appreciate your consideration in this matter and waive any additional fee above the \$150.00.

Sincerely,

Richard Hess, Inc.

Mary Hess

Mary Hess