## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 02, 2001 8:00 am DOCUMENT # **P96000069237 Secretary of State** HEROLD ENTERPRISES OF BRADENTON, INC. 4 03-02-2001 90110 015 \*\*\*150.00 Principal Place of Business Mailing Address 743 HILLCREST DRIVE N.W. 743 HILLCREST DRIVE N.W. **BRADENTON FL 34209 BRADENTON FL 34209** 123334 2. Principal Place of Business 3. Mailing Address 1001 Third Ave W 1001 Third Ave W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 350 City & State Applied For 4. FEI Number 65-0689990 Bradenton Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANAN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) **301 E PINE STREET SUITE 1400** ORLANDO FL 32801 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition HEROLD, FRANK L NAME STREET ADDRESS 743 HILCREST DR NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition JENNINE M HEROLD NAME NAME STREET ADDRESS 743 HILLCREST DR NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered.

West Frank L. Herold President 2/26/01
PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: