

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069237

1. Entity Name  
HEROLD ENTERPRISES OF BRADENTON, INC.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90129 006 \*\*\*150.00

Principal Place of Business  
1001 THIRD AVE. W.  
SUITE 330  
BRADENTON FL 34205

Mailing Address  
1001 THIRD AVE. W.  
SUITE 330  
BRADENTON FL 34205

2. Principal Place of Business  
714 Manatee Ave East  
Suite, Apt. #, etc.

3. Mailing Address  
714 Manatee Ave East  
Suite, Apt. #, etc.

City & State  
Bradenton, FL  
Zip  
34208  
Country  
USA

City & State  
Bradenton, FL  
Zip  
34208  
Country  
USA

4. FEI Number 65-0689990

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

CANAN, MICHAEL J  
301 E PINE STREET  
SUITE 1400  
ORLANDO FL 32801

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME HEROLD, FRANK L  
STREET ADDRESS 743 HILCREST DR NW  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE ST  
NAME JENNINE M HEROLD  
STREET ADDRESS 743 HILCREST DR NW  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Frank L. Herold, President

4/30/03

(941) 748-8834

CR2E034 (10/02)