

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092714

1. Entity Name

HERTWECK & ASSOCIATES, INC.

Principal Place of Business

5 HERON OAKS COURT  
AMELIA ISLAND FL 32034

Mailing Address

5 HERON OAKS COURT  
AMELIA ISLAND FL 32034-6521

2. Principal Place of Business

44 Long Point Dr.

Suite, Apt. #, etc.

3. Mailing Address

44 Long Point Dr.

Suite, Apt. #, etc.

City & State

AMELIA Island, FL

City & State

AMELIA, FL

Zip

32034

Country

Zip

32034

Country

4. FEI Number

59-3417410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERTWECK, MAX W  
5 HERON OAKS COURT  
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name HERTWECK, MAX W.

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

44 Long Point Dr.

City

AMELIA Island

FL

Zip Code

32034

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

MAX W. HERTWECK, President

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

TITLE PSTD ☐ Delete  
NAME HERTWECK, MAX W  
STREET ADDRESS 5 HERON OAKS COURT  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME HERTWECK, MAX W.  
STREET ADDRESS 44 Long Point Dr.  
CITY-ST-ZIP AMELIA Island, FL 32034

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

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

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

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

TITLE ☐ Change ☐ 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:

*Max W. Hertweck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX W. Hertweck

4/4/00

(904) 277-1888

Date

Daytime Phone #

FILED  
Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90040 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR25034 (9/00)