

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

07-13-2001 90004 006 \*\*\*550.00

01/13/01 AI

**DOCUMENT # P97000041774**

1. Entity Name  
**HEBRUN, INC.**

Principal Place of Business  
**P.O. BOX 129**  
**COCOA FL 32923-0129**

Mailing Address  
**P.O. BOX 129**  
**COCOA FL 32923-0129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**976 Brevard Ave.**

3. Mailing Address  
**976 Brevard Ave.**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.  
**Suite B**

City & State  
**Rockledge, FL.**

City & State  
**Rockledge, FL.**

4. FEI Number **59-3446662**

Applied For  
☐ Not Applicable

Zip **32955** Country **USA**

Zip **32955** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**CELIO, ALBERT D ESQ.**  
**976 BREVARD AVENUE**  
**ROCKLEDGE FL 32955**

**7. Name and Address of New Registered Agent**

Name **Dewey L. Harris**  
 Street Address (P.O. Box Number is Not Acceptable)  
**976 Brevard Avenue, Suite B**  
 City **Rockledge** FL **32955**

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 *Dewey L. Harris* *Dewey L. Harris* *7-9-01*  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>RITTER-HAGEN, BARBARA</b> <b>WEIHERSTRASSE 13 FL-9495 TRIESEN</b> <b>LIECHTENSTEIN</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, DEWEY L</b> <b>535 DELANNOY AVENUE</b> <b>COCOA FL 32923-0129</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 empowered.

SIGNATURE: *Dewey L. Harris* *Director*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-9-01* *321-433-1191*  
 Date Daytime Phone #

CR2E034 (5/01)