2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000054556**

1. Entity Name
HEXAGON INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
543 PINE LAKE VIEW DR DAVENPORT FL 33837 US	543 PINE LAKE VIEW DR DAVENPORT FL 33837 US

2. Principal Place of Business	3. Mailing Address
6205 LAKE WILSON RD	6205 LAKE WILSON RD
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: DAVENPORT FL	City & State: DAVENPORT FL
Zip: 33837 Country: US	Zip: 33837 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3453445** ☐ 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
LE-HELLEY BERTRAND 558 CALIBRE CREST PKY., #106 ALTAMONTE SPRINGS FL 32714	Name: LE-HELLEY BERTRAND Street Address (P.O. Box Number is Not Acceptable): 543 PINE LAKE VIEW DR City: DAVENPORT **FL** Zip Code: 33837

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 ______________________ 05/01/2001
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, 2001 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	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LE-HELLEY LARISSA	NAME	
STREET ADDRESS	543 PINE LAKE VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	
TITLE	PS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LE-HELLEY BERTRAND	NAME	
STREET ADDRESS	543 PINE LAKE VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Bertrand Le Helley PS 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #