

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90180 026 ***150.00

0019135 AV

DOCUMENT # P98000011635

1. Entity Name
HERNESS & ASSOCIATES, INC.

Principal Place of Business
**3555 HIGHLAND FAIRWAYS BLVD
LAKELAND FL 33810**

Mailing Address
**3555 HIGHLAND FAIRWAYS BLVD
LAKELAND FL 33810**



2. Principal Place of Business
1128 KILLARNEY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1128 KILLARNEY DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL
Zip
32174
Country
USA

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ORMOND BEACH, FL
Zip
32174
Country
USA

4. FEI Number **59-3494410** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNESS, SHAUN P
3555 HIGHLAND FAIRWAYS BLVD
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name
SHAUN P. HERNESS
Street Address (P.O. Box Number is Not Acceptable)
1128 KILLARNEY DRIVE
City
ORMOND BEACH FL Zip Code
32174

8. The above named entity sponsors this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **SHAUN P. HERNESS**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/7/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNESS, SHAUN P 3555 HIGHLAND FAIRWAYS BLVD LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNESS, MARLENE 3555 HIGHLAND FAIRWAYS BLVD LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAUN P. HERNESS 1128 KILLARNEY DRIVE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLENE L. HERNESS 1128 KILLARNEY DRIVE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SHAUN P. HERNESS** **4/7/02** **386-451-5712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)