

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90193 037 ***150.00

DOCUMENT # P98000017141

1. Entity Name

HERBERT MANAGEMENT GROUP, INC.



Principal Place of Business
**8006 APACHE TRAIL
SPRING HILL FL 34606**

Mailing Address
**8006 APACHE TRAIL
SPRING HILL FL 34606**

2. Principal Place of Business

15005 STERLING RUN
Suite, Apt. #, etc.

3. Mailing Address

15005 STERLING RUN
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-3509571

Applied For

Not Applicable

Zip
34609

Country
USA

Zip
34609

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NESSLER, PAUL H JR.
4052 COMMERCIAL WAY
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name **NESSLER, PAUL H JR**
Street Address (P.O. Box Number is Not Acceptable)
10002 CORTES BLVD
City **SPRING HILL** FL Zip Code **34613**

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 **D** ☐ Delete
NAME **HERBERT, JOHN**
STREET ADDRESS **8006 APACHE TRAIL**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Delete
NAME **HERBERT, MARTHA**
STREET ADDRESS **8006 APACHE TRAIL**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

STANLEY HESLOP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 (252) 848-0630
Date Daytime Phone #

05/76988 AV

CR2E034 (10/02)