

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90085 001 ***550.00

DOCUMENT # P98000054836

1. Entity Name
HJF ENTERPRISES, INC.

Principal Place of Business

**289 4TH STREET
 HOMELAND FL 33847**

Mailing Address

**P.O. BOX 42
 HOMELAND FL 33847**

2. Principal Place of Business
5724 6th Street

3. Mailing Address
P.O. BOX 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Highland City FL

City & State
Highland City FL

4. FEI Number
59-3513939

Applied For
 Not Applicable

Zip Country
33846

Zip Country
33846 Polk

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

**SPENCER, STEVEN A
 1900 E. ROBINSON STREET
 ORLANDO FL 32803**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 13, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FUSSELL, HERMAN J**
 CITY-ST-ZIP **389 4TH STREET
 HOMELAND FL 33847**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5724 6th Street**
 CITY-ST-ZIP **Highland City FL 33846**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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 another like empowered.

SIGNATURE: **Herman J. Fussell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02
 Date

863-221-3303
 Daytime Phone #

CR2E034 (4/02)