

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90116 006 ***550.00

DOCUMENT # P98000062715

1. Entity Name
HERNANDEZ CONCEPTS, INC.

Principal Place of Business
6824 PHILLIPS PKWY DR SOUTH
JACKSONVILLE FL 32256

Mailing Address
10123 BISHOP LAKE ROAD WEST
JACKSONVILLE FL 32256



2. Principal Place of Business

3. Mailing Address

6824 Phillips Pkwy Des

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

4. FEI Number **59-3525287**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32256 DUVAL

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, JOSEPH L
10123 BISHOP LAKE ROAD, WEST
JACKSONVILLE FL 32256

Name **Jorge Hernandez**
 Street Address (P.O. Box Number is Not Acceptable)
10123 Bishop Lake Rd W
 City **Jacksonville** FL Zip Code **32256**

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

8/23/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PST HERNANDEZ, JOSEPH L 10123 BISHOP LAKE RD W JACKSONVILLE FL 32256	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST - DIR HERNANDEZ, JORGE 10123 BISHOP LAKE RD W JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input checked="" 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 empowerment.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/02 904/260-3462
 Date Daytime Phone #

CR2E034 (4/02)