

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90049 001 ***150.00

DOCUMENT # P98000072553

1. Entity Name
HIES, INC. UNLIMITED

Principal Place of Business

1415 N HWY A1A
#107
INDIALANTIC FL 32903
US

Mailing Address

POST OFFICE BOX 321056
COCOA BEACH FL 32932-1056

2. Principal Place of Business

321 LAS OLAS DR.

Suite, Apt. #, etc.

MELBOURNE BEACH

City & State

FL

Zip

32951

Country

USA

3. Mailing Address

321 LAS OLAS DR.

Suite, Apt. #, etc.

MELBOURNE BEACH

City & State

FL

Zip

32951

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3529209

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OLD ADDRESS

HUGHES, PAULA
1415 N HWY A1A
#107
INDIALANTIC FL 32903

NEW ADDRESS

HUGHES, PAULA
321 LAS OLAS DR.
MELBOURNE BEACH
FL 32951

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 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	DPST	<input type="checkbox"/> Delete
NAME	HUGHES, PAULA	
STREET ADDRESS	1415 N HWY A1A, #107	
CITY-ST-ZIP	INDIALANTIC FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADDRESS CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	321 LAS OLAS DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

PAULA HUGHES
PAULA HUGHES
2-14-02
3216740954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)