

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90009 017 ***150.00

DOCUMENT # P98000076917

1. Entity Name

TRUDY HERN INC.

Principal Place of Business

**7830 NW 70TH CT
 TAMARAC FL 33321**

Mailing Address

**7830 NW 70TH CT
 TAMARAC FL 33321**

2. Principal Place of Business

12366 NW 50 PLACE

3. Mailing Address

12366 N.W. 50 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FLORIDA

City & State

CORAL SPRINGS, FLORIDA

4. FEI Number

65-0861189

Applied For

Not Applicable

Zip

33076

County

U.S.A.

Zip

33076

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERN, TRUDY
 7830 NW 70TH CT
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name **HERN, TRUDY**
 Street Address (P.O. Box Number is Not Acceptable) **12366 NW 50 PLACE**
 City **CORAL SPRINGS, FL** Zip Code **33076**

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D HERN, TRUDY H 7830 NW 70TH CT TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D HERN TRUDY H 12366 NW 50 PLACE CORAL SPRINGS, FL 33076
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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: **Trudy Hern, President** **TRUDY HERN** 1/25/01 (954) 752-0106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)