

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086222

1. Entity Name

ALBERT - IRVING & CO.

Principal Place of Business

13825 US HWY. 19, SUITE 403
HUDSON FL 34667

Mailing Address

13825 US HWY. 19, SUITE 403
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERDLE, JAMES A
13825 US HWY. 19, SUITE 403
HUDSON FL 34667

Name
ESTATE OF PAUL D. HERDLE
Street Address (P.O. Box Number is Not Acceptable)
8505 LONGBOAT LANE
City
HUDSON FL Zip Code
34667

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 *Susanne M Traynor Portus*
Signature, typed or printed name of registered agent and title if applicable.

PER REP FOR ESTATE OF PAUL D. HERDLE 4/30/01

(NOTE: Registered Agent's 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HERDLE, JAMES A
13825 US HWY. 19, SUITE 403
HUDSON FL 34667 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESTATE OF PAUL D. HERDLE
8505 LONGBOAT LANE
HUDSON, FL 34667 ☒ Change ☐ Addition

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

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 empowered.

SIGNATURE: *Susanne M Traynor Portus* SUSANNE M TRAYNOR PORTUS 4/30/01 (727) 862-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Inc Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90076 026 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)