CR2E034;(9/01

2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am DOCUMENT # P99000001912 **Secretary of State** 1. Entity Name 03-29-2002 90198 027 ***150.00 HERTZER ENTERPRISES, INC. Principal Place of Business Mailing Address 8832 VENTURA WAY 8832 VENTURA WAY NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0885070 Not Applicable ---Country- ---Zip _ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINBERG, STEVEN A ESQ. Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME HERTZER, FRED JR FRED HERTZER JR. NAME 8832 VENTURA WAY STREET ADDRESS 3070 GULFSHORE BLVD N #104 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 NAPLES FLA. 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HERTZER, SANDRA NAME STREET ADDRESS 3070 GULFSHORE BLVD N #104 STREET ADDRESS CITY-ST-ZIP NAPLES FL.34103 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 employer to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supple indicated on this report or supplementation

SIGNATURE:

of the corporation or the rece changed, or on an attachmer