

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90136 006 ***150.00

0454705

DOCUMENT # P99000003489

1. Entity Name
A HIRED KILLER, INC.

Principal Place of Business
**641 CARSWELL AVE
 DAYTONA BEACH FL 32117-3613**

Mailing Address
**P.O. BOX 5085
 ORMOND BEACH FL 32175-5085**

2. Principal Place of Business
903 Hibiscus Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bunnell, Florida

City & State

Zip
32110

Country
USA

Zip

Country

4. FEI Number **59-3551845**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERDEGUEZ, STEPHEN JULIO
 340 CUMBERLAND AVENUE
 ORMOND BEACH FL 32174**

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 *Steph Berdeguez* **Stephen J. Berdeguez**

2/2/01

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, 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

TITLE **D** ☐ Delete
 NAME **BERDEGUEZ, STEPHEN JULIO**
 STREET ADDRESS **340 CUMBERLAND AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *Steph Berdeguez* **Stephen J. Berdeguez** **2/2/01** **904-673-8267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)