2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000012345

City-St-Zip:

STUART, FL 34994

Entity Name: HERRING FINANCIAL SERVICES, INC.

FILED Apr 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2440 SOUTH FEDERAL HWY STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 2440 SOUTH FEDERAL HWY STUART, FL 34994 FEI Number: 65-0895571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRING, BOYZIE HERRING, BOYIZE 2440 SOUTH FEDERAL HWY 2440 SOUTH FEDERAL HWY STUART, FL 34994 STUART, FL 34994 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: BOYIZE HERRING, JR 04/22/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HERRING, PHILLIP D Name: Name: 2440 SOUTH FEDERAL HWY Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: DT Title: () Change () Addition () Delete Name: HERRING, FANNIE D Name: 2440 SOUTH FEDERAL HWY Address: Address: STUART, FL 34994 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HERRING, BOYZIE Name: Name: 2440 SOUTH FEDERAL HWY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BOYIZE HERRING, JR DP 04/22/2002