

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021301

1. Entity Name

PHYLLIS S. HERSHMAN, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90074 045 ***150.00

Principal Place of Business

9864 FAIRWAY COVE LANE
PLANTATION FL 33324

Mailing Address

9864 FAIRWAY COVE LANE
PLANTATION FL 33324-2822

2. Principal Place of Business

11512 Terra Bella Blvd

Suite, Apt. #, etc.

3. Mailing Address

11512 Terra Bella Blvd

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-09 00958

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

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

HERSHMAN, PHYLLIS S
9864 FAIRWAY COVE LANE
PLANTATION FL 33324

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

Phyllis S. Hershman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS HERSHMAN, PHYLLIS S
CITY-ST-ZIP 9864 FAIRWAY COVE LANE
PLANTATION FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Phyllis S. Hershman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis S. Hershman
Date

4-20-00 954 382 2997
Daytime Phone #

CR2E034 (9/99)