

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 028 ***150.00

DOCUMENT # **P9900003416**

1. Entity Name

Herbormester Ducks, Inc.

DO NOT WRITE IN THIS SPACE

425659

2. Principal Place of Business

1955 Drew St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3639

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL 33765

City & State

Boca Raton, FL

Zip

Country

44513

Country

US

4. FEI Number

31-1658530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

-7. Name and Address of Current Registered Agent

Name

Sisswa, Louis F III

Street Address (P.O. Box Number is Not Acceptable)

6225 Presidential St.

Suite A

City

Fort Myers

FL

Zip Code

33914

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

Fred Shurtump

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Shurtump, Fred
1955 Drew St
Clearwater, FL 33765**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other, like empowered.

SIGNATURE:

Fred Shurtump

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

Daytime Phone #

CR2E034B (12/01)