

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000054596

1. Entity Name

HES PRODUCTS INC

Principal Place of Business

748 COMMERCE CR.
LONGWOOD FL 32750

Mailing Address

748 COMMERCE CR.
LONGWOOD FL 32750-3612

2. Principal Place of Business

748 COMMERCE CR

Suite, Apt. #, etc.

3. Mailing Address

POB 730504

Suite, Apt. #, etc.

City & State

LONGWOOD, FL 32750

Zip Country

32750

SEMINOLE

City & State

ORMOND BEACH, FL 32173

Zip Country

32173

VOLUSIA

4. FEI Number

59-2950818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARZIER, R.E.

65 RAINTREE LANE
ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

Name

THOMAS SEAN SARZIER

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

65 RAINTREE LANE

ORMOND BEACH, FL 32173

City

ORMOND BEACH, FLA

FL

Zip Code

32173

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]

R.E. SARZIER

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

(NOTE: Registered Agent signature required when reinstating)

2-16-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY- TREASURER ANN T SARZIER 65 RAINTREE LANE ORMOND, FL 32173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES -R.E SARZIER 11	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	748 COMMERCE CR LONGWOOD, FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

407-677-6957



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)