

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90155 049 ***150.00

DOCUMENT # P99000101608

1. Entity Name

HIBISCUS EXECUTIVE SECRETARIAL SERVICES, INC.

Principal Place of Business

**860 US HIGHWAY ONE SUITE 108
 NORTH PALM BEACH FL 33408**

Mailing Address

**860 US HIGHWAY ONE SUITE 108
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

4680 SUNRISE BLVD.

3. Mailing Address

4680 SUNRISE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

65-0962139

Applied For

Not Applicable

Zip

34982

Country

U.S.A.

Zip

34982

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HESSEE, CLAUDIA

**860 US HIGHWAY ONE SUITE 108
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

HESSEE, CLAUDIA

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

4680 SUNRISE BLVD.

City

FT. PIERCE

FL

Zip Code

34982

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

Claudia Hessee

CLAUDIA HESSEE

4-19-02

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, 2002 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 **PSD** ☐ Delete
 NAME **HESSEE, CLAUDIA**
 STREET ADDRESS **860 US HIGHWAY ONE SUITE 108**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **HESSEE, CLAUDIA**
 STREET ADDRESS **4680 SUNRISE BLVD.**
 CITY-ST-ZIP **FT. PIERCE, FL 34982**

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

TITLE ☐ Change ☐ Addition
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 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:

Claudia Hessee **CLAUDIA HESSEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

561-489-4025

Daytime Phone #

CR2E034 (9/01)