

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90107 039 \*\*\*150.00

DOCUMENT # P99000103175

1. Entity Name  
HESBACH, INC.

Principal Place of Business  
8459 GARDENS CIRCLE #10  
SARASOTA FL 34243

Mailing Address  
8459 GARDENS CIRCLE #10  
SARASOTA FL 34243

2. Principal Place of Business  
4751 TRAVINI CIRCLE

3. Mailing Address  
4751 TRAVINI CIRCLE

Suite, Apt. #, etc.  
202

Suite, Apt. #, etc.  
202

City & State  
SARASOTA FL

City & State  
SARASOTA FL

Zip  
34235

Country

Zip  
34235

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0978701

Applied For  
Not Applicable

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

HESBACH, WILLIAM H  
8459 GARDENS CIRCLE #10  
SARASOTA FL 34243

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

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, 2001 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 PD  
NAME LUCY, CHRISTINA  
STREET ADDRESS 8459 GARDENS CIRCLE #10  
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4751 TRAVINI CIRCLE, #202  
CITY-ST-ZIP SARASOTA, FL 34235 ☒ Change ☐ Addition

TITLE VSTD  
NAME HESBACH, WILLIAM H  
STREET ADDRESS 8459 GARDENS CIRCLE #10  
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4751 TRAVINI CIRCLE, #202  
CITY-ST-ZIP SARASOTA, FL 34235 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

Daytime Phone #

CR2E034 (10/00)