

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90670 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35969

1. Entity Name

HERNANDEZ GRADING, INC.

Principal Place of Business

P. O. BOX 9080
PORT CHARLOTTE FL 33949

Mailing Address

P. O. BOX 9080
PORT CHARLOTTE FL 33949

BU064761

2. Principal Place of Business

3074 CHICORY TERR

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 496182

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-0256596

Applied For

Not Applicable

Zip

Country

33983 CHARLOTTE

Zip

Country

33949-6182 CHARLOTTE

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

HERNANDEZ, MIGUEL

3074 CHICORY TERRACE

PUNTA GORDA FL 33983

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PO
HERNANDEZ, MIGUEL
3074 CHICORY TERR
PUNTA GORDA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OV
HERNANDEZ, RAFAEL
119 ALTOONA ST
PORT CHARLOTTE FL 33952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 (941) 743-0959

CR2E034 (9/01)