

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90365 026 ***150.00

DOCUMENT # S86627

1. Entity Name

W.H. BIEBERBACH AND ASSOCIATES, INC.



Principal Place of Business

830 N ATLANTIC AVE

~~SUITE B308~~

COCOA BEACH FL 32931

US

Mailing Address

830 N ATLANTIC AVE

~~SUITE B308~~

COCOA BEACH FL 32931

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE B1001

Suite, Apt. #, etc.

SUITE B1001

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-0062992

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

BIEBERBACH, W.H.

830 N ATLANTIC AVE

~~SUITE B308~~

COCOA BEACH FL 32931

Name

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

SUITE B1001

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BIEBERBACH, W.H. 830 N ATLANTIC AVE B308 CLEARWATER FL 33762-3018	<input type="checkbox"/>	830 N ATLANTIC AVE B1001	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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

Jan 9 2003

321-77-8866

Date

Daytime Phone #

CR2E034 (10/02)