

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90689 016 \*\*\*150.00

UBR0957 AV

**DOCUMENT # V23716**

1. Entity Name

**E.H.E., INC.**

Principal Place of Business

**2112 SUNRISE BLVD.  
 FT MYERS FL 33907-4167  
 US**

Mailing Address

**2112 SUNRISE BLVD.  
 FT MYERS FL 33907-4167  
 US**

2. Principal Place of Business

3. Mailing Address

**2342 Ivy Ave**

**2342 Ivy Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Myers FL**

City & State

**Ft. Myers, FL**

4. FEI Number

**65-0322325**

Applied For

Not Applicable

Zip

Country

**33907 US**

Zip

Country

**33907 US**

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

**HEDMAN, EVA  
 2112 SUNRISE BLVD  
 FT MYERS FL 33907**

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  Delete  
 NAME **D HEDMAN, EVA**  
 STREET ADDRESS **2112 SUNRISE BLVD.**  
 CITY-ST-ZIP **FT MYERS FL 33907**

TITLE  Change  Addition  
 NAME **D Eva Hedman**  
 STREET ADDRESS **2342 Ivy Ave**  
 CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE  Delete  
 NAME **D HEDMAN, LARS**  
 STREET ADDRESS **7691 GEORGIAN BAY #208**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE  Change  Addition  
 NAME **D Lars Hedman**  
 STREET ADDRESS **2342 Ivy Ave**  
 CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE: *Eva Hedman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (239)274-9251  
 Date Day/Phone #

CRE034 (9/01)