

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 017 ***150.00

DOCUMENT # V51115 ✓

1. Entity Name

HERNIBS HOLDINGS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1085 BALD EAGLE DR

Suite, Apt. #, etc.

A-503

3. Mailing Address

1085 BALD EAGLE DR

Suite, Apt. #, etc.

A-503

City & State

MARCO ISLAND FL

City & State

MARCO ISLAND FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. FEI Number

65-0352340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DAVID C. BENNETT

Street 1001 N. BARFIELD DR

City

MARCO ISLAND

FL

Zip Code

34145

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRES
NAME MARYLEE ALEXANDER
STREET ADDRESS 1085 BALD EAGLE DR # A-503
CITY-ST-ZIP MARCO ISLAND FL 34145

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYLEE ALEXANDER P

Apr 15/02

Date

Daytime Phone #

941-354-7472

CR2034R (12/01)