

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # 670872**1. Entity Name
HURD, HORVATH & DINKIN, P.A.**Principal Place of Business**

8295 N MILITARY TRAIL, STE A

PALM BCH GARDENS
33410

FL

Mailing Address

8295 N MILITARY TRAIL, STE A

PALM BCH GARDENS
33410

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2001435**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HURD, ROGER C.**
8295 N MILITARY TRAIL, STE APALM BCH GARDENS
33410

US

FL

7. Name and Address of New Registered Agent

Name

HURD ROGER CStreet Address (P.O. Box Number is Not Acceptable)
8295 N MILITARY TRAIL, STE A

City

PALM BCH GARDENS**FL**Zip Code
33410

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 **ROGER C. HURD****02/17/2001**

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**

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	☐ Delete
NAME	HURD, ROGER C.	
STREET ADDRESS	1163 RAINWOOD CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	☐ Change ☒ Addition
NAME	HURD KATHY W	
STREET ADDRESS	1163 RAINWOOD CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	☐ Change ☒ Addition
NAME	DINKIN MITCHELL A	
STREET ADDRESS	5938 NEWPORT VILLAGE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	V	☐ Change ☒ Addition
NAME	HORVATH DAVID E	
STREET ADDRESS	2550 HOPE LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FK 33410	
TITLE	DP	☒ Change ☐ Addition
NAME	HURD ROGER C	
STREET ADDRESS	1163 RAINWOOD CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		☐ Change ☐ Addition
NAME		
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 all other like empowered.

SIGNATURE: Roger C. Hurd

P

02/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)