

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90112 015 ***150.00

DOCUMENT # P02000099629

1. Entity Name
LAW OFFICE OF CLIFFORD J. HUNT, P.A.



Principal Place of Business
3001 EXECUTIVE DRIVE
SUITE 200
CLEARWATER FL 33762
US

Mailing Address
3001 EXECUTIVE DRIVE
SUITE 200
CLEARWATER FL 33762
US

2. Principal Place of Business

5415 BATES STREET

Suite, Apt. #, etc.

3. Mailing Address

5415 BATES STREET

Suite, Apt. #, etc.

City & State

SEMINOLE FL

Zip

33772

Country

USA

City & State

SEMINOLE FL

Zip

33772

Country

USA

4. FEI Number

55-0801959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HUNT, CLIFFORD J ESQUIRE
3001 EXECUTIVE DRIVE
SUITE 200
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
HUNT, CLIFFORD J ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
5415 BATES ST.

City

SEMINOLE

FL

Zip Code

33772

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
HUNT, CLIFFORD J ESQUIRE
3001 EXECUTIVE DRIVE, STE. 200
CLEARWATER FL 33762

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
HUNT, CLIFFORD J. ESQUIRE
5415 BATES ST.
SEMINOLE, FL 33772

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

CLIFFORD J. HUNT, P/D
Signature Required
Signature and typed or printed name of signing officer or director

4/21/03

727 391-6536

Date

Daytime Phone #

CR2E034 (10/02)