

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 042 ***150.00

DOCUMENT # S53632

1. Entity Name

HATCO, INC.

DO NOT WRITE IN THIS SPACE

969357

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 NE 44 Street
Suite, Apt. #, etc.

3. Mailing Address

250 NE 44 STREET
Suite, Apt. #, etc.

City & State
OAKLAND PARK, FL

City & State
OAKLAND PARK, FL

4. FEI Number

65-0257548

Applied For

Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA CONE

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

250 NE 44 STREET

City

OAKLAND PARK

FL

Zip Code

33334

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
NAME
STREET ADDRESS
CITY - ST - ZIP

DIRECTOR
PATRICIA CONE
250 NE 44 STREET
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DIRECTOR
WILLIAM P. CONE
250 NE 44 STREET
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

OAKLAND PARK, FL 33334

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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:

Patricia A. Cone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/02 954 564-4411

CR2E034B (12/01)

Attachment
969357
#553632
STEWARD & ASSOCIATES, CPA'S, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

JOYCE T. STEWART, CPA

June 18, 2002

Florida Department of State
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Hatco, Inc. FIN 65-0257548

Dear Sir or Madam:

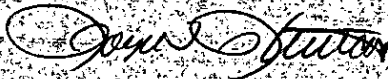
We are enclosing a completed Uniform Business Report for the above referenced client and their check in the amount of \$150.

We just recently completed their accounting work for January through May 2002 and discovered they had not paid the Uniform Business Report fee. We were informed they did not receive the form.

In light of the fact that we are remedying the matter as soon as it was discovered, we would respectfully request you abate any penalty for late filing.

Thank you.

Sincerely,



Joyce T. Stewart
Certified Public Accountant

Enclosures

JTS:mr

CC: Hatco, Inc.