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	3. Mailing Address
250 NE 44 Street	250 NE 44 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State: OAKLAND PARK, FL
Zip: 33334 Country: BROWARD	Zip: 33334 Country: BROWARD

4. FEI Number: 65-0257548 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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	DIRECTOR WILLIAM P. CONE 250 NE 44 STREET OAKLAND PARK, FL 33334
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CR2E034B (12/01)

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 6/18/02 954 564-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1

Attachment 969357 #553632

STEWART & 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.

289 E. OAKLAND PARK BOULEVARD, FORT LAUDERDALE, FL 33334
954-561-5801 FAX: 954-561-5877