

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90732 023 ***150.00

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DOCUMENT # 345638

1. Entity Name
LLOYD HUNDLEY, INC.



Principal Place of Business
**155 BACOM POINT RD.
PO BOX 158
PAHOKEE FL 33476**

Mailing Address
**PO BOX 158
PAHOKEE FL 33476**



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 **59-1260399**

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

**HUNDLEY JOHN
1216 E. GALLOP
LOXAHATCHEE FL 33476**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNDLEY, WAYNE	
STREET ADDRESS	316 FOREST AVENUE	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 0	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONLEY, ADA BUSH	
STREET ADDRESS	16502 SW MORGAN RD	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNDLEY, JOHN	
STREET ADDRESS	1216 E GALLOP	
CITY-ST-ZIP	LOXAHATCHEE, FL 0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of ADA BUSH CONLEY
ADA BUSH CONLEY

04/02/03

561-924-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)