

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-13-2001 90603 020 ***150.00

DOCUMENT # 436251

1. Entity Name

HUNSAKER, INC.

Principal Place of Business

Mailing Address

103 BRADLEY DR
 NICHOLASVILLE KY 40356
 US

P O BOX 23294
 LEXINGTON KY 40523-3294
 US

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

61-0852040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**HUNSAKER, VERNON S
 505 68TH STREET
 HOLMES BEACH FL 33510**

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 HUNSAKER, VERNON S
 505 68TH ST
 HOLMES BCH FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**ST
 HUNSAKER, JEAN K
 505 68TH ST.
 HOLMES BCH FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**V
 HUNSAKER, STEPHEN S
 103 BRADLEY DR
 NICHOLASVILLE KY** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 HUNSAKER, JAMES S
 103 BRADLEY DR
 NICHOLASVILLE KY** ☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8Feb01

Date

859-885-6475

Daytime Phone #

CR2E034 (10/00)