2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90370 020 ***150.00

DOCUMENT # 536179

1. Entity Name
HOON & WHITE ARCHITECTS, INC.

Principal Place of Business	Mailing Address
701 COLORADO AVE S8 STUART FL 34994	701 COLORADO AVE S8 STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
735 COLORADO AVE.	735 COLORADO AVE.
Suite, Apt. #, etc. SUITE 5	Suite, Apt. #, etc. SUITE 5
City & State STUART, FL.	City & State STUART, FL.
Zip 34994 Country MARTIN	Zip 34994 Country MARTIN

4. FEI Number 59-1751989 ☐ 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
HOON, LAVERNE E 701 COLORADO AVE S8 STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) 735 COLORADO AVE. SUITE 5 City STUART, FL. FL Zip Code 34994

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 LAVERNE E. HOON LaVerne E. Hoon 2/4/02
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, 2002 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	SVD HOON, LAVERNE E 951 NW SUNSET TERRACE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP HOON, LAVERNE E 951 NW SUNSET TERRACE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE LaVerne E. Hoon 2/4/02 561 286-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAVERNE E. HOON