

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

DOCUMENT # 560209

07-02-2002 90812 009 ***550.00

1. Entity Name

MIMI HUTCHISON, INCORPORATION

DO NOT WRITE IN THIS SPACE

B0126743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6550 North Ocean Blvd. Suite, Apt. #, etc. Apt. 2		3. Mailing Address 6550 North Ocean Blvd. Suite, Apt. #, etc. Apt. 2		4. FEI Number 59-1795530		Applied For Not Applicable	
City & State Ocean Ridge		City & State Ocean Ridge		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33435	Country US	Zip 33435	Country US				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Elaine P. Hutchison	
Street Address (P.O. Box Number is Not Acceptable) 6550 N. Ocean Blvd. #2	
City Ocean Ridge	Zip Code FL 33435

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 Elaine P. Hutchison DATE 6-28-02
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agents signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Elaine P. Hutchison 6550 N. Ocean Blvd. #2 Ocean Ridge, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Elaine P. Hutchison DATE 6-28-02 (561) 734-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)