## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 679513** Sep 12, 2000 8:00 am 1. Entity Name IRA C. HATCH, JR., P.A. Secretary of State 09-12-2000 90004 017 \*\*\*550.00 Principal Place of Business Mailing Address 1701 HW A1A 1701 HW A1A VERO BCH FL 32963 VERO BEACH FL 32963 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2370994 Not Applicable \_ Zip. \_.Country .\$8.75 Additional 5. Certificate of Status Desired - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATCH, IRA C Street Address (P.O. Box Number is Not Acceptable) 1701 HWY A1A VERO BCH FL 32963 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 15 \$550,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Addition TITLE ☐ Delete TITLE HATCH, IRA C JR NAME NAME STREET ADDRESS 1701 HWY A1A, 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP T)T) F Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 space ered 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 ar