

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003643

FILED
Apr 17, 2003
Secretary of State

Entity Name: HAZLETT-KINCAID, INC.

Current Principal Place of Business:

204 SOUTH 7TH ST
AKRON, PA 17501

New Principal Place of Business:

2012-A NORTH POINTE BLVD.
TALLAHASSEE, FL 32308

Current Mailing Address:

204 SOUTH 7TH ST
AKRON, PA 17501

New Mailing Address:

505 SOUTH ARLINGTON AVE
SUITE 203
RENO, NV 895090

FEI Number: 23-2977388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZLETT, TIMOTHY J
2012-A NORTH POINT ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HAZLETT, TIMOTHY J
2012-A NORTH POINTE BLVD
TALLAHASSEE, FL 32308 US

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:

04/17/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCDS () Delete
Name: HAZLETT, TIMOTHY J
Address: 2012-A NORTH POINT ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VTD () Delete
Name: KINCAID, TODD R
Address: 204 SOUTH 7TH STREET
City-St-Zip: AKRON, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCDS (X) Change () Addition
Name: HAZLETT, TIMOTHY J
Address: 2012-A NORTH POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VTD (X) Change () Addition
Name: KINCAID, TODD R
Address: 505 SOUTH ARLINGTON AVE, STE 203
City-St-Zip: RENO, NV 89509

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD R. KINCAD

VTD

04/17/2003

Electronic Signature of Signing Officer or Director

Date