## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** F01361

1. Entity Name



## FILED Mar 13, 2003 8:00 am Secretary of State

HUNTER & SON CONSTRUCTION, INC.								03-13-2003 9	.0033 0-	10 1	50.0	,0	
Principal Place of Business  2852 MICHIGAN AVE  KISSIMMEE FL 34744-1516  Mailing Address 2852 MICHIGAN AVE  KISSIMMEE FL 34744-1516  KISSIMMEE FL 34744-15					8		- - - -	# 140 H47 HHH 40 H0 LUBAR HHHD BH	<b>8</b> 1 21 <b>8</b> 1 <b>1</b> 11112			1 <b>2</b> 11 <b>1</b> 1 <b>1</b> 11 1 <b>2</b> 11	
Principal Place of Business     Address     Mailing Address													
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKIN	G CHAN	GES		
City & State			· City	City & State			4. FEI Number 59-2039429				<del></del>	oplied For ot Applicable	
Zip	•	Country	Zip	<sub>5</sub>	Count	ry	<b>5.</b> Ce	ertificate of Status Desired		\$8.75 Fee Re	Add	litional	
	6. Name	and Address of Curre	nt Register	ed Agent	1		7. Na	ame and Address of New Ro	egistered		7	<del>-</del>	
		-				Name			<del>-</del>				
HUNTER,	CHARLES				-	Street Address /	DO Bo	x Number is Not Acceptable)		*			
1308 NEL	.a ave.				Ĺ	Sileet Address (	r.O. B0)	x number is not acceptable)	,				
ORLANDO	D FL 32809						-						
						City			FL	Zip	Code	<del></del>	
8. The above the obligation	e named entity tions of regist	y submits this statement ered agent.	for the purp	oose of changing its	registere	d office or register	ed ager	nt, or both, in the State of Flor	rida. I am	familiar	with, a	and accept	
											•		
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if app	olicable. (NOTE	: Registered	Agent signature required	when reins	stating)	DATE			<del></del>	
F	II E NOWII	1 EEE 10 8150 00		<u> </u>			<del></del>		DAIL				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fina	ancina	\$	5.00	May Be	
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Make Check	k Payable to	Florida Department	of State	rrs	11.	· <u></u>	ΔΠΟΙ	Trust Fund Contribution	<u> </u>	_} A	dded	to Fees	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

402-847-025/