

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F53658**

1. Entity Name

HATHAWAY'S LAND SERVICES, INC.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90004 006 ***150.00

Principal Place of Business

**422 S MAIN ST
LAKE PLACID FL 33852
US**

Mailing Address

**P.O BOX 255
LAKE PLACID FL 33862-0255
US**

2. Principal Place of Business

1520 Second Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Placid FL

City & State

Zip

33852

Country

U.S.

Zip

Country

4. FEI Number

59-2136690

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1520 Second Street

City

Lake Placid**FL**

Zip Code

33852

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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-019. 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, 2001 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

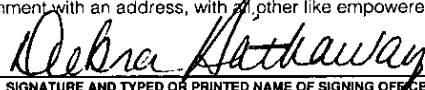
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HATHAWAY, RONALD	POB 255 US 27 SOUTH	LAKE PLACID FL	<input type="checkbox"/>
SD	HATHAWAY, DEBRA	POB 255 US 27 SOUTH	LAKE PLACID FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

3-9-01 863-465-4800

CR2E034 (10/00)