

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90310 015 \*\*\*150.00

**DOCUMENT # G13357**

1. Entity Name  
**H. JACK HUNKELE AND ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
~~1211 GULF OF MEXICO DR. #501~~      ~~1211 GULF OF MEXICO DR. #501~~  
 LONGBOAT KEY FL 34228      LONGBOAT KEY FL 34228

*1 added*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2224 HARBOUR Ct. Dr**      **2224 HARBOUR Court Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Longboat Key, FL**      **LONG BOAT KEY, FL**  
 Zip      Country      Zip      Country  
**34228**      **USA**      **34228**      **USA**

4. FEI Number      Applied For  
**59-2237684**      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**

**HUNKELE, H. JACK**  
~~1211 GULF OF MEXICO DR. #501~~  
 LONGBOAT KEY FL 34228

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2224 HARBOUR COURT DRIVE**  
 City      State      Zip Code  
**LONGBOAT KEY**      **FL**      **34228**

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]*      DATE: **3/6/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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
PST	HUNKELE, H. JACK	1211 GULF OF MEXICO DR. #501	LONGBOAT KEY FL 34228	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2224 HARBOUR COURT DRIVE	LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**H. JACK HUNKELE**

Date: **3/6/01**      Daytime Phone #: **(941) 383-6515**

CR2E034 (10/00)