

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

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DOCUMENT # G85814

1. Entity Name
Hunter + Venture, P.A.

FILED

02 MAY -9 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
219 Virginia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Tallahassee, FL

4. FEI Number

59-2419135

Applied For

Not Applicable

Zip

Country

Zip
32301

Country
Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Henry Hunter

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

219 Virginia St.

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME Owner
STREET ADDRESS Henry Hunter
CITY-ST-ZIP 219 Virginia St
Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500005501135-2
-05/09/02--01073--001
***1550.00 ***1515.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Hunter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02

Date

Daytime Phone #

CR2E034B (12/01)

Page 2 of 2
Anderson & Anderson
Post Office Box 1822
Quincy, FL 32353

• **ANDERSON & ANDERSON**

May 2, 2002

Florida Department of State
Division of Corporation
Tallahassee, Florida 32314

To Whom It May Concern:

The purpose of this letter is to inform you concerning, the annual reports for Hunter and Vanture, P. A. for the 1994 reporting period. I am certain that the annual reports for the referenced period was not received by Mr. Hunter.

Upon receipt of this letter, I am requesting that the reinstatement fees be removed from the account. Enclosed is a check for \$1,550.00 which includes \$35.00 for the name change and \$1,515.00 for prior years annual report fees.

Your consideration in this matter will be greatly appreciated. Please contact me at 425-6200 ext. 420 if you have additional questions or concerns.

Thanking you in advance for your continued support.

Sincerely,

Fred Anderson, Jr., CPA