

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 025 ***150.00

DOCUMENT # **G85814**

1. Entity Name

HENRY C. HUNTER & ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

219 EAST VIRGINIA ST
Suite, Apt. #, etc.

3. Mailing Address

219 EAST VIRGINIA ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FLA

City & State

TALLAHASSEE, FLA

4. FEI Number

592419135

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HENRY C. HUNTER

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

219 EAST VIRGINIA STREET

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	Owner - President
NAME	HENRY C. HUNTER
STREET ADDRESS	1059 MYERS PARK DR
CITY-ST-ZIP	TALLAHASSEE, FLA 32301
TITLE	Secretary
NAME	Henry C. Hunter
STREET ADDRESS	1059 MYERS PARK DR
CITY-ST-ZIP	TALLAHASSEE, FLA 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 C. Hunter

5/1/03

850-222-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #