

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2002 8:00 am  
Secretary of State

02-24-2002 90035 012 \*\*\*150.00

DOCUMENT # **H44816**

1. Entity Name  
**HUTCHINGS TECHNOLOGY, INC.**

Principal Place of Business  
**888 E. LAS OLAS BLVD  
SUITE 601  
FT LAUDERDALE FL 33301  
US**

Mailing Address  
**888 E. LAS OLAS BLVD.  
SUITE 601  
FORT LAUDERDALE FL 33301  
US**

**B0030533**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1020 N.W. 62ND ST.  
Suite, Apt. #, etc.  
HANGAR 12  
City & State  
FT. LAUDERDALE, FL  
Zip  
33309 Country  
U.S.A.**

3. Mailing Address  
**1020 N.W. 62ND ST.  
Suite, Apt. #, etc.  
HANGAR 12  
City & State  
FT LAUDERDALE, FL  
Zip  
33309 Country  
U.S.A.**

4. FEI Number **59-2500476** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PATTERSON, RICHARD B  
888 E. LAS OLAS BLVD.  
SUITE 601  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
Name **PATTERSON, RICHARD B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1020 N.W. 62ND ST  
HANGAR 12  
City  
FT. LAUDERDALE FL Zip Code  
33309**

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 **Richard B. Patterson - V.P.** DATE **2/8/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD HUTCHINGS, JAMES 888 E. LAS OLAS BLVD., SUITE 601 FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PATTERSON, RICHARD B 888 E. LAS OLAS BLVD., SUITE 601 FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUTCHINGS, RONALD J 888 E. LAS OLAS BLVD., SUITE 601 FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HUTCHINGS, BARBARA J 888 E. LAS OLAS BLVD., SUITE 601 FORT LAUDERDALE FL 33301</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD HUTCHINGS, JAMES L. 1020 N.W. 62ND ST. - HANGAR 12 FORT LAUDERDALE, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PATTERSON, RICHARD B 1020 N.W. 62ND ST. - HANGAR 12 FORT LAUDERDALE, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUTCHINGS, RONALD J. 1020 N.W. 62ND ST. - HANGAR 12 FT LAUDERDALE, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HUTCHINGS, BARBARA J. 1020 N.W. 62ND ST. - HANGAR 12 FORT LAUDERDALE, FL 33309</b> <input checked="" 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: **Richard B. Patterson - V.P.** DATE **2/8/02** DAYTIME PHONE # **954-958-9866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)