

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90224 028 ***150.00

DOCUMENT # H73727

1. Entity Name
HURLEY BUILDERS & DEVELOPERS, INC.



Principal Place of Business
**2020 S. FEDERAL HWY
STUART FL 34994
US**

Mailing Address
**2020 S. FEDERAL HWY
STUART FL 34994
US**



2. Principal Place of Business

**203 SW Monterey Rd
Suite, Apt. #, etc.
STUART
City & State
FL**

3. Mailing Address

**SAME
Suite, Apt. #, etc.
City & State**

☒ CHECK HERE IF MAKING CHANGES

Zip
34994

Country
MARTIN

Zip

Country

4. FEI Number **59-2657260**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HURLEY, K. B.
2020 S. FEDERAL HWY - 203 SW Monterey Rd.
STUART FL 34994**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HURLEY, RAYMOND S**
STREET ADDRESS **3082 SW SUNSET TRACE CIR**
CITY-ST-ZIP **PALM CITY FL**

TITLE **ST** ☐ Delete
NAME **HURLEY, K BRUCE**
STREET ADDRESS **3082 SW SUNSET TRACE CIR**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **4-14-03**
Daytime Phone # **5000**

CR2E034 (10/02)