

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90013 010 ***150.00

DOCUMENT # H79788

1. Entity Name
HINTON'S RADIATOR, INC.

Principal Place of Business

% HAROLD N. HINTON
3106 ORANGE AVENUE
FT. PIERCE FL 34947

Mailing Address

% HAROLD N. HINTON
3106 ORANGE AVENUE
FT. PIERCE FL 34947

2. Principal Place of Business

3106 ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Address

3106 ORANGE AVE

Suite, Apt. #, etc.

City & State

FT PIERCE FL

City & State

FT PIERCE FL

4. FEI Number

59-2591897

Applied For

Not Applicable

Zip

34947

Country

ST LUCIE

Zip

34947

Country

ST LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINTON, HAROLD N.
3106 ORANGE AVENUE
FT. PIERCE FL 34947

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.

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) ☐

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 **PDS**
NAME **HINTON, HAROLD N.**
STREET ADDRESS **11580 OKEECHOBEE ROAD**
CITY-ST-ZIP **FT. PIERCE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)