


**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

90010748



DOCUMENT #  
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  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

4. FEI Number  
59-2591897

Applied For  
Not Applicable

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)  
  
CityFLZip 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS HINTON, HAROLD N. 11580 OKEECHOBEE ROAD FT. PIERCE FL	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

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

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #