

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90007 009 ***158.75

DOCUMENT # J48646

1. Entity Name

PICKETT HUNTER ASSOCIATES ARCHITECTS, P.A.

Principal Place of Business

**2040 HIGHWAY 60 E. BYPASS
 BARTOW FL 33830-8786.**

Mailing Address

**2040 HIGHWAY 60 E. BYPASS
 BARTOW FL 33830-8786**

2. Principal Place of Business

2040 STATE RD 60 E.

Suite, Apt. #, etc.

3. Mailing Address

2040 STATE RD 60 E.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2770965

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNTER, TERRY
 2040 HWY 60 E. BYPASS
 BARTOW FL 33830**

Name

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

2040 STATE RD 60 E.

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 **N/A**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **HUNTER, TERRY**
 STREET ADDRESS **219 RIGGINS ST**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **HUNTER, BETTYE M.**
 STREET ADDRESS **219 RIGGINS ST**
 CITY-ST-ZIP **LAKELAND, FL 33801**

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

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

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

01/08/02 (863)533-4933

Date

Daytime Phone #

CR2E034 (9/01)