

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67109

1. Entity Name

HINOTE ENTERPRISES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90056 042 ***150.00

Principal Place of Business

Mailing Address

% LLOYD HINOTE
6308 WILLARD NORRIS ROAD
MILTON FL 32570

% LLOYD HINOTE
6308 WILLARD NORRIS ROAD
MILTON FL 32570-8852

2. Principal Place of Business

907 N. ALABAMA ST.

3. Mailing Address

907 N. ALABAMA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL.

City & State

MILTON, FL.

4. FEI Number

59-2794382

Applied For

Not Applicable

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOYD HINOTE
6308 WILLARD NORRIS RD
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

LLOYD HINOTE

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

907 N. ALABAMA ST.

City

MILTON

FL

Zip Code

32570

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

Lloyd Hinote

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-2000

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, 2000 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 PD
NAME HINOTE, LLOYD
STREET ADDRESS 6308 WILLARD NORRIS RD
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LLOYD HINOTE
STREET ADDRESS 907 N. ALABAMA ST.
CITY-ST-ZIP MILTON, FL 32570 ☒ 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

TITLE
NAME
STREET ADDRESS
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: LLOYD HINOTE *Lloyd Hinote*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-30-2000 850-623-5259

Daytime Phone #

CR2E034 (9/99)