

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90095 002 \*\*\*150.00

**DOCUMENT # J67109**

1. Entity Name  
**HINOTE ENTERPRISES, INC.**

Principal Place of Business  
**907 N ALABAMA ST**  
**MILTON FL 32570**

Mailing Address  
**907 N ALABAMA ST**  
**MILTON FL 32570**

2. Principal Place of Business  
**5579 N. ALABAMA ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5579 N. ALABAMA ST.**  
 Suite, Apt. #, etc.

City & State  
**MILTON, FL.**

City & State  
**MILTON, FL.**

Zip  
**32570**

Country  
**SANTA ROSA**

Zip  
**32570**

Country  
**SANTA ROSA**

4. FEI Number **59-2794382**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**LLOYD HINOTE**  
**907 N ALABAMA ST**  
**MILTON FL 32570**

## 7. Name and Address of New Registered Agent

Name  
**LLOYD HINOTE**

Street Address (P.O. Box Number is Not Acceptable)  
**5579 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)

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, 2001 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  
**907 N ALABAMA ST**

CITY-ST-ZIP  
**MILTON FL 32570**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

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TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**

NAME  
**LLOYD HINOTE**

STREET ADDRESS  
**5579 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

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☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-01 850-623-5259**

Date

Daytime Phone #

CR2E034 (10/00)