

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2002 90089 025 ***150.00

DOCUMENT # J80524

1. Entity Name
HULSMAN, INC.

Principal Place of Business

**1498 S MILITARY TRL
#11
W PALM BCH FL 33415**

Mailing Address

**5295 TROWBRIDGE DRIVE
DUNWOODY GA 30338
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2818883

Applied For

Not Applicable

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

HULSMAN, HOWARD J

200 NORTH CAMELIA

INDIAN RIVER SHORES FL 32963

Name

HOWARD J. HULSMAN

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

223 LANSING ISLAND DRIVE

City

INDIAN HARBOR BEACH FL

Zip Code

32937

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **HULSMAN, HOWARD J**
CITY-ST-ZIP **200 CAMELIA N**
INDIAN RIVER SHORES FL 32963

TITLE ☒ Change ☐ Addition
NAME **223 LANSING ISLAND DR**
STREET ADDRESS **INDIAN HARBOR BEACH, FL 32937**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HULSMAN, ERIC J**
CITY-ST-ZIP **5295 TROWBRIDGE DRIVE**
DUNWOODY GA 30338

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

TITLE ☐ Delete
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, or in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD J. HULSMAN

Date

Daytime Phone #

(321) 777-6242

CR2E034 (9/01)