2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K09517 **DOCUMENT #**

1. Entity Name

HOTCH-KISS COMPANY

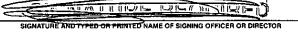


FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90415 012 ***150.00

Principal Place of Business 929 NE 27 AVENUE 222 OCEAN DRIVE				Mailing Address 929 NE 27 AVENUE 222 OCEAN DRIVE											
HALLANDALE FL 33009			i	HALLANDALE FL 33009				1111		18: 811 8 1 1481		AIRII BIBLI BI			
US				JS											
2. Principal Place of Business			3.	3. Mailing Address				11861	0) 01 60 0 -	101 91181 1101	II (6)	B1831 B1911 91	.913 8183	N 81511 1581	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State		4FEI Numl			65-0022740			Applied For Not Applicable			
Zip	Zip Country			Zip Co		untry 5.		. Certifica	te of Status	Desired		\$8.75 Fee Rec			1
•	6. Name	and Address	of Current Regi	stered Agent			7.	Name ar	nd Address	of New R	egistered	Agent]
						Name		-							
HOTCHKISS, DANA 929 NE 27 AVENUE					Street Address (P.O. Box Number is Not Acceptable)										
HALLANDA	ALE FL 3330)9													
						City					FI	L Zip	Code		
8. The above the obligat	named entity ions of registe	submits this ered agent.	statement for the	purpose of changing	its register	ed office or re	egistered a	agent, or b	ooth, in the S	tate of Flo	rida. Lan	n familiar v	vith, a	nd accept	
SIGNATURE .	Signature, typed of	or printed name of	registered agent and titl	e if applicable. (N	IOTE: Registere	ed Agent signature	required when	n reinstating)			DATE				
· E	II E NOWIII	EEE IS S	150 00		· · · · · · · · · · · · · · · · · · ·			<u> </u>							1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department			e \$550.00					L.	Election Cam Trust Fund C		_			May Be to Fees	
10.		- OFf	ICERS AND DIRE	CTORS	11.			NOITIDE	S/CHANGE	S TO OFF	ICERS AN	ID DIREC	TORS	IN 11	٦,
NAME	PD HOTCHKIS 929 NE 27			☐ Delete	TITL NAM STRE	٦ ٦						☐ Cha	nge	☐ Addition	00,07
	HALLANDA					-ST-ZIP		·		,		_			2
TITLE NAME STREET ADDRESS				☐ Delete		EET ADORESS						☐ Cha	nge	☐ Addition	120
CITY-ST-ZIP TITLE				☐ Delete	TITL	Z-ST-ZIP		,_,				☐ Char	nge	☐ Addition	-
NAME STREET ADDRESS CITY-ST-ZIP						EET ADORESS									
TITLE NAME STREET ADDRESS				☐ Delete	TITLI NAM STRE							☐ Char	nge	Addition	
CITY-ST-ZIP						-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			-					☐ Char	nge	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	,			☐ Delete		1	•				•	☐ Char	nge	Addition	1

12. I hereby certify that the information supplied with this filling 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:



1.6.03

Daytime Phone #