

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91880 046 ***150.00

DOCUMENT # L45338

1. Entity Name
LARBREN & ASSOCIATES, INC.



Principal Place of Business

% BRENDA J HINSON
P O BOX 413
CRESCENT CITY FL 32112
US

Mailing Address

% BRENDA J HINSON
P O BOX 413
CRESCENT CITY FL 32112
US



2. Principal Place of Business

106 TANGELO TERRACE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CRESCENT CITY, FL

City & State

Zip

Country

32112

US

Zip

Country

4. FEI Number

59-2987760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINSON, BRENDA J
STAR RT 1 BOX 201 AA
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name **HINSON, BRENDA J.**

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

City **CRESCENT CITY**

FL

Zip Code
32112

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINSON, BRENDA J.	
STREET ADDRESS	HC 1 BOX 201AA	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HINSON, LARRY C	
STREET ADDRESS	HC 1 BOX 201AA	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, BRENDA J.	
STREET ADDRESS	106 TANGELO TERRACE	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, LARRY C	
STREET ADDRESS	106 TANGELO TERRACE	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRENDA J. HINSON
PRESIDENT

4-29-03 **(386) 467-9043**
Date Daytime Phone #

CR2E034 (10/02)