

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90357 036 ***150.00

0512716

DOCUMENT # L92946

1. Entity Name

MARY D. HINTON, INC.

Principal Place of Business

Mailing Address

PO BOX 1234
 JUPITER FL 33468

PO BOX 1234
 JUPITER FL 33468

2. Principal Place of Business

PO Box 3602

3. Mailing Address

PO Box 3602

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tequesta

City & State

Tequesta

4. FEI Number

36-3719008

Applied For

Not Applicable

Zip

33469

Country

PB

Zip

33469

Country

PB

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HINTON, JAMES WL., IV
 160 HARBOURSIDE CIRCLE
 SUITE 503
 JUPITER FL 33468

7. Name and Address of New Registered Agent

Name ~~Hinton, James W~~
 Street Address (P.O. Box Number is Not Acceptable)
~~12 Oakland Ct~~
 City ~~Tequesta~~ FL ~~33469~~

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, 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 D ☐ Delete
 NAME HINTON, MARY D.
 STREET ADDRESS 160 HARBOUR SIDE CIRCLE
 CITY-ST-ZIP JUPITER FL

TITLE D ☐ Delete
 NAME HINTON, JAMES W. IV
 STREET ADDRESS 160 HARBOUR SIDE CIRCLE
 CITY-ST-ZIP JUPITER FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 12 Oakland Ct
 CITY-ST-ZIP Tequesta FL 33469

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 12 Oakland Ct
 CITY-ST-ZIP Tequesta FL 33469

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 561 746-5873
 Date Daytime Phone #

CR2E034 (10/00)