

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 03-19-2001 90053 021 ***150.00

DOCUMENT # P00000015272

1. Entity Name

Exotic Hatches

Principal Place of Business

Mailing Address

1274 North CR 315
 Melrose, FL, 32666

2. Principal Place of Business

As above

3. Mailing Address

As above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0982389

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

Name

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

City

FL

Zip Code

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 who is not 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 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 Pres/owner
 Andrew P. Bosman
 1274 N. CR 315
 Melrose, FL, 32666

☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

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TITLE NAME
 STREET ADDRESS
 CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Bosman

Date

4/1/01

Daytime Phone #

904-659-1731

CR2E034 (11/00)