

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90734 032 ***150.00

DOCUMENT # P 00000015272

1. Entity Name

Exotic Hatches

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1274 N. CR 315

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1425

Suite, Apt. #, etc.

B0061669

DO NOT WRITE IN THIS SPACE

City & State

Melrose, FL

City & State

Melrose FL

4. FEI Number

65-0982389

Applied For

Not Applicable

Zip

32666

Country

Zip

32666

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Foy H. Hammons

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

2701 So. Bayshore Drive Suite 606

City

Coconut Grove

FL

Zip Code

33133

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Andrew Bosman
1274 N. CR 315
Melrose, FL, 32666

TITLE
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IN THIS SPACE**

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 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

3/21/02

Daytime Phone #

386-659-1931

CR2E034B (12/01)