

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90152 030 ***150.00

DOCUMENT # P00000016255

1. Entity Name

C.C. HURST ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~526 WILDWOOD DRIVE~~

~~526 WILDWOOD DRIVE~~

NEW SMYRNA BEACH FL 32168-1830

NEW SMYRNA BEACH FL 32168-1830

1700 SR44

2. Principal Place of Business

3. Mailing Address

SPIRITS OF 44

1118 MARCEL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1700 SR44

NEW SMYRNA BCH. FLA.

City & State

City & State

NEW SMYRNA BCH, FL

32168

Zip

Country

Zip

Country

32168

FLORIDA

4. FEI Number

59-3627574

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

HURST, CARLOS C

526 WILDWOOD DRIVE

NEW SMYRNA BEACH FL 32168-1830

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, CARLOS C 526 WILDWOOD DRIVE NEW SMYRNA BEACH FL 32168-1830	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: CARLOS C. HURST *Carlos C. Hurst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-427-1100