

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90205 040 ***150.00

0053495

DOCUMENT # P00000027378

1. Entity Name
R.L. HASTINGS, INC.

Principal Place of Business Mailing Address
1027 S PINE RIDGE CIRCLE **1027 S PINE RIDGE CIRCLE**
SANFORD FL 32773 **SANFORD FL 32773**

733861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6100 PLANTATION LAKES CIR.

Suite, Apt. #, etc. Suite, Apt. #, etc.
#6102

City & State City & State
SANFORD, FL

Zip Country Zip Country
32771-7310 SEMINOLE

4. FEI Number Applied For
59-3645696 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, J MICHAEL
312 W FIRST ST, SUITE 612
SANFORD FL 32771

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 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 **HASTINGS, ROBERT L**
 STREET ADDRESS **1027 S PINE RIDGE CIRCLE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Robert L. Hastings*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 407-330-2217
 Date Daytime Phone #

CR2E034 (10/00)