

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-21-2002 90889 029 ***150.00

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

DOCUMENT # P 00000043623

1. Entity Name
B. HIATT REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE

34914

2. Principal Place of Business
3951 N. OCEAN BLVD
Suite, Apt. #, etc.

3. Mailing Address
SA
Suite, Apt. #, etc.

City & State
GULFSTREAM, FL

City & State

4. FEI Number
65-1015749

Applied For
Not Applicable

Zip
33483

Country
USA

Zip

Country

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

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IN THIS SPACE**

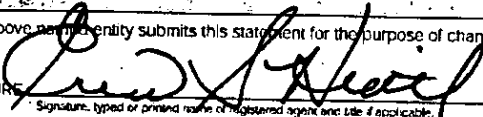
7. Name and Address of Current Registered Agent

Name
ERIN S. HIATT

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

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.

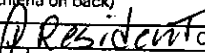
(NOTE: Registered Agent signature required when reinstating)

4/30/02
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 \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11.  PRESIDENT OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ERIN S. HIATT
3951 N. OCEAN BLVD
GULFSTREAM, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V. PRES. ELKINS, JACK H.
3951 N. OCEAN BLVD
GULFSTREAM, FL 33483

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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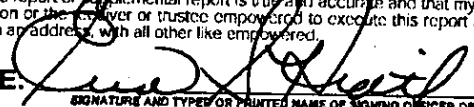
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 541 389-1990
Date Daytime Phone #

CR2E034B (12/01)