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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3951 N. OCEAN BLVD	5/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULFSTREAM, FL	City & State
Zip: 33483 Country: USA	Zip Country

4. FEI Number: 65-1015749 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ERIN S. HIATT

Street Address (P.O. Box Number is Not Acceptable): 5/A

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] 4/30/02
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	P RESIDENT ERIN S. HIATT 3951 N. OCEAN BLVD GULFSTREAM, FL 33483
TITLE V. PRES / NAME / STREET ADDRESS / CITY-ST-ZIP	ELKINS, JACK H. 3951 N. OCEAN BLVD GULFSTREAM, FL 33483
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 561 389-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #