

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90117 049 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000085815
1. Entity Name
HUNTER REAL ESTATE SERVICES OF ORLANDO, INC.

Principal Place of Business
 835 SUMMER WINDS CT.
 ORLANDO FL 32806

Mailing Address
 PO BOX 568803
 ORLANDO FL 32856-8803

2. Principal Place of Business
 3333 S. ORANGE Ave
 Suite, Apt. #, etc.
 SUITE 229
 City & State
 ORLANDO, FL
 Zip
 32806
 Country
 ORANGE

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number 59-3687573
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 JENNEFER R
 2202 CURRY FORD ROAD
 SUITE C
 ORLANDO FL 32806

7. Name and Address of New Registered Agent
 Name
 James M. Pawlus, President
 Hunter Real Estate Services of Orlando, Inc
 Street Address (P.O. Box Number is Not Acceptable)
 3333 S. ORANGE Ave
 Suite 229
 City
 ORLANDO
 FL
 Zip Code
 32806

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 Jennifer R. Roberts DATE 4/14/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAHERN, TINA PO BOX 568803 ORLANDO FL 32856-8803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BB ROBERTS, JENNEFER PO BOX 568803 ORLANDO FL 32856-8803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMBD KENT, JOY PO BOX 568803 ORLANDO FL 32856-8803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEW, TINA W 1857 LAKE GROVE LANE ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	James M. Pawlus, President Hunter Real Estate Services of Orlando, Inc P. O. Box 568803 Orlando, Florida 32856	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Roberts, Broker Hunter Real Estate Services of Orlando, Inc P. O. Box 568803 Orlando, Florida 32856	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Jackson, Director Hunter Real Estate Services of Orlando, Inc P. O. Box 568803 Orlando, FL 32856	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Forbes, Director Hunter Real Estate Services of Orlando, Inc P. O. Box 568803 Orlando, FL 32856	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED 4-16-02 321-224-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)