

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90153 038 ***550.00

DOCUMENT # P00000087995

1. Entity Name
HURLEY ADVERTISING, INC.

Principal Place of Business

**4001 STATE RD. 19A
 MT. DORA FL 32757**

Mailing Address

**P. O. BOX 1353
 MT. DORA FL 32757**

2. Principal Place of Business

**4001 N. HWY 19A
 Suite, Apt. #, etc.**

3. Mailing Address

**4001 N HWY 19A
 Suite, Apt. #, etc.**

City & State

MT DORA FL

City & State

MT DORA FL

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

4. FEI Number

59-3683612

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BOYETTE, WADE

**4001 STATE RD. 19A
 MT. DORA FL 32757**

7. Name and Address of New Registered Agent

Name

BRYAN D. HURLEY

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

4001 N. HWY 19A

City

MT DORA

FL

Zip Code

32757

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **HURLEY, BRYAN D**
 STREET ADDRESS **P. O. BOX 1363**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BRYAN D. HURLEY**
 STREET ADDRESS **4001 N. HWY 19A**
 CITY-ST-ZIP **MT DORA, FL 32757**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)