

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90164 012 ***150.00

DOCUMENT # P00000087995

1. Entity Name
HURLEY ADVERTISING, INC.



Principal Place of Business
4001 STATE RD. 19A
MT. DORA FL 32757

Mailing Address
4001 STATE RD. 19A
MT. DORA FL 32757



2. Principal Place of Business

4129 BENNETT DR

3. Mailing Address

40 BOX 347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

4. FEI Number

59-3683612

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32756

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURLEY, BRYAN D
4001 STATE RD. 19A
MT. DORA FL 32757

Name

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

4129 BENNETT DRIVE

City

MOUNT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
HURLEY, BRYAN D
4001 N HWY 19A
MOUNT DORA FL 32757

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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4129 BENNETT DR
MOUNT DORA, FL 32757

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)