

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108645

1. Entity Name
HURST FINANCIAL GROUP INC.

Principal Place of Business
10961 CHAMPIONSHIP DR.
FT. MYERS FL 33913

Mailing Address
10961 CHAMPIONSHIP DR.
FT. MYERS FL 33913

2. Principal Place of Business

8695 College Parkway #356

3. Mailing Address

8695 College Pkwy #356

City & State
Fort Myers

City & State
Fort Myers

4. FEI Number

65-1056069

Applied For

Not Applicable

Zip 33919

Country USA

Zip 33919

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURST, ROBERT A
10961 CHAMPIONSHIP DR.
FT. MYERS FL 33913

7. Name and Address of New Registered Agent

Name

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

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

Robert A. Hurst Robert A. Hurst President

8-16-01

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 President
NAME ROBERT A. HURST
STREET ADDRESS 10961 Championship Dr.
CITY-ST-ZIP Fort Myers FL 33913

☐ Delete

100% owner

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ Delete

☐ Change ☐ 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

8-16-01

941 415 6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90047 032 ***550.00

00062969



DO NOT WRITE IN THIS SPACE

012421 AT

CR2034 (5/01)