

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90114 007 \*\*\*550.00

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**DOCUMENT # P01000018005**

1. Entity Name  
**HURLEY HOMES, INC.**



Principal Place of Business  
**2461 N HWY 441-27**  
**FRUITLAND PARK FL 34731**

Mailing Address  
**1135 PARK AVENUE**  
**TAVARES FL 32778**



2. Principal Place of Business

3. Mailing Address

**2461 N. HWY 441/27**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FRUITLAND PARK**

4. FEI Number **52-2296271**

Applied For

Not Applicable

Zip

Country

Zip

**FL.**

Country

**34731**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**1333 NORTH DUVAL STREET**  
**TALLAHASSEE FL 32302**

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

SIGNATURE \_\_\_\_\_ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	HURLEY, TRUMAN J SR	
STREET ADDRESS	1135 PARK AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HURLEY, PEGGY	
STREET ADDRESS	1135 HURLEY AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	HURLEY, TAMATHA	
STREET ADDRESS	1135 PARK AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_

**HURLEY, TRUMAN J SR**

**8/28/03**

**352)314-9309 X118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)