

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 003 ***150.00

DOCUMENT # **PO1000027018**
1. Entity Name
Hunter Blake Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5201 Village Blvd Suite, Apt. #, etc.	3. Mailing Address 5201 Village Blvd Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State West Palm Beach FL	City & State West Palm Beach FL	4. FEI Number 651094328	Applied For <input type="checkbox"/> Not Applicable
Zip 33407	Country USA	Zip 33407	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

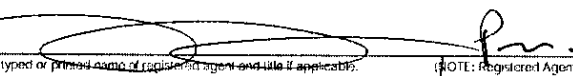
7. Name and Address of Current Registered Agent

Name
David Needle

Street Address (P.O. Box Number is Not Acceptable)
5201 Village Blvd

City
West Palm Beach FL Zip Code
33407

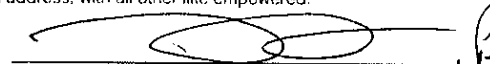
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **42302**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S, D. David Needle 5201 Village Blvd WPB FL 33407	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **42302** **5616871501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)