

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-24-2002 90014 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027157

1. Entity Name

HOTZINGERS.COM INC

Principal Place of Business

2258 WARWICK ROAD
MELBOURNE FL 32935-0000

Mailing Address

2258 WARWICK ROAD
MELBOURNE FL 32935-0000

24290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3728506

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUFF, ROBERT

201 PLANTATION CLUB DR, SUITE 1205
MELBOURNE FL 32940-1970

Name

Robert Duff

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

2258 Warwick Rd

City

Melbourne

FL

Zip Code

32935

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

3/7/2002

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DUFF, ROBERT
STREET ADDRESS 201 PLANTATION CLUB DR, SUITE 1205
CITY-ST-ZIP MELBOURNE FL 32940-1970

TITLE D VTS ☒ Change ☐ Addition
NAME Duff Robert
STREET ADDRESS 2258 Warwick Rd
CITY-ST-ZIP Melbourne, FL 32935

TITLE D ☐ Delete
NAME FORTUNE, SHANE
STREET ADDRESS 1966 ZYLSTRA RD
CITY-ST-ZIP OAK HARBOR WA 98277

TITLE D P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)