

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-07-2002 90165 041 ***150.00

DOCUMENT # P01000028350

1. Entity Name
HUNTER-MORGAN ENTERPRISES, INC.

Principal Place of Business
 11232 ST. JOHN'S INDUSTRIAL PKWY. N. #1
 JACKSONVILLE FL 32246

Mailing Address
 11232 ST. JOHN'S INDUSTRIAL PKWY. N. #1
 JACKSONVILLE FL 32246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3709652	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UHLAND, CHRISTOPHER 3815 HUNT CLUB RD. JACKSONVILLE FL 32224			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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D UHLAND, CHRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHLAND, CHRIS	NAME	
STREET ADDRESS	3815 HUNT CLUB RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D UHLAND, KRISTI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHLAND, KRISTI	NAME	
STREET ADDRESS	3815 HUNT CLUB RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D NELSON, TED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, TED	NAME	
STREET ADDRESS	14574 PLUMOSA DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	CITY-ST-ZIP	
TITLE	D ARMSTRONG, KAREN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, KAREN	NAME	
STREET ADDRESS	703 FREDERIC DR.	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] **01/22/02 (904)247-4321**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)