

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067017

1. Entity Name

T.L. HUNT CONSTRUCTION, INC.

Principal Place of Business

5008 WEST LINEBAUGH AVE STE 1  
TAMPA FL 33624

Mailing Address

5008 WEST LINEBAUGH AVE STE 1  
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3740368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

PRATESI, EMIL G  
1253 PARK STREET  
CLEARWATER FL 33758

7. Name and Address of New Registered Agent

Name

Torrence L. Hunt

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

5008 W. Linebaugh Ave. # 1

City

Tampa, FL

FL

Zip Code

33624

6. 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

*Torrence L. Hunt*

(NOTE: Registered Agent signature required when reappointing)

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 \$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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D	Torrence L. Hunt	5008 W. Linebaugh Ave., #1	Tampa, FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
V	H. W. Fleming	5008 W. Linebaugh Ave., #1	Tampa, FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
S	Mollie M. Hodge	5008 W. Linebaugh Ave., #1	Tampa, FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, or 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 like empowered.

SIGNATURE:

*Torrence L. Hunt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90694 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)