

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90092 002 \*\*\*150.00

**DOCUMENT # P01000076170**

1. Entity Name  
**JOANNE B. HINES, P.A.**

Principal Place of Business  
**2216 NW 22ND AVE.  
STUART FL 34995**

Mailing Address  
**P. O. BOX 1122  
STUART FL**



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

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**34995**

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

**HINES, JOANNE B  
2216 NW 22ND AVE.  
STUART FL 34995**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **HINES, JOANNE B**  
CITY-ST-ZIP **2216 NW 22ND AVE.  
STUART FL 34995**

TITLE ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-10-02**

**772-286-1300**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
980297  
POI 000076170  
Joanne B. Hines  
PO Box 1122  
Stuart FL 34995

September 10, 2002

FL Department of State  
Division of Corporations  
PO box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report

Since I had recently formed a corporation, I did not receive a Filing Form that I just found out was due in May!!!!

I think it would be unfair to charge me the late filing fee - so I hope that the enclosed check for \$150.00 will be sufficient. I certainly will keep a lookout for the next Filing Form as I certainly do not wish to pay any late fees.

Very sincerely,

*Joanne B. Hines*

Joanne B. Hines.