2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am P01000089205 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90082 004 ***150.00 **HUNT & ASSOCIATES, INC.** Mailing Address Principal Place of Business 240 NORTH WASHINGTON BLVD. 240 NORTH WASHINGTON BLVD. SUITE 317 **SUITE 317** SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 45 FEI Number 1202 City & State City & State Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNT, HARRY E JR. Street Address (P.O. Box Number is Not Acceptable) 240 NORTH WASHINGTON BLVD. SUITE 317 Zip Code SARASOTA FL 34236 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (9/01)Change ☐ Addition TITLE ☐ Delete TITLE NAME HUNT, HARRY E JR. NAME 5707 - 45TH STREET EAST #208 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE HUNT, URSULA JR. NAME NAME STREET ADDRESS 5707 - 45TH STREET EAST #208 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP - -☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED