

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115817

1. Entity Name
HELLCAT BAY, INC.

Principal Place of Business
9700 HASTINGS BLVD
HASTINGS FL 32145

Mailing Address
9700 HASTINGS BLVD
HASTINGS FL 32145

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

80-0028980

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SMITH, WAYNE D
9700 HASTINGS BLVD
HASTINGS FL 32145

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

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	Joel W. Smith President <input type="checkbox"/> Delete 9720 Hastings Blvd Hastings FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacob D Smith V. Pres. <input type="checkbox"/> Delete 9720 Hastings Blvd Hastings FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leb S. Smith Sec. <input type="checkbox"/> Delete 9365 Hastings Blvd. Hastings FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne D. Smith Treasurer <input type="checkbox"/> Delete 9700 Hastings Blvd. Hastings FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Wayne D. Smith

3-27-02

Date

Daytime Phone #

FILED
May 12, 2002 8:00 am
Secretary of State

04-04-2002 90009 027 ***150.00

214 JV



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)