

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90068 028 ***150.00

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

4. FEI Number **80-0028980**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, WAYNE D
9700 HASTINGS BLVD
HASTINGS FL 32145**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing:
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOEL W	
STREET ADDRESS	9120 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JACOB D	
STREET ADDRESS	9720 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEB S	
STREET ADDRESS	9365 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WAYNE D	
STREET ADDRESS	9700 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne D. Smith	
STREET ADDRESS	9700 Hastings Blvd	
CITY-ST-ZIP	Hastings FL 32145	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeb S. Smith	
STREET ADDRESS	9365 Hastings Blvd	
CITY-ST-ZIP	Hastings FL 32145	
TITLE	S-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel W. Smith	
STREET ADDRESS	9720 Hastings Blvd.	
CITY-ST-ZIP	Hastings FL 32145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne D. Smith
Wayne D. Smith President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)