

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0456175 AV

DOCUMENT # P02000046939

1. Entity Name
HATCHER FINANCIAL, INC.



05-02-2003 90324 001 ***150.00
05-02-2003 90324 002 *****8.75

Principal Place of Business
2701 NORTH ROCKY POINT DRIVE
SUITE 1130
TAMPA FL 33607

Mailing Address
2701 NORTH ROCKY POINT DRIVE
SUITE 1130
TAMPA FL 33607



2. Principal Place of Business
16412 AVILA BLVD

3. Mailing Address
16412 AVILA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
90-0034387

Applied For
Not Applicable

Zip
33613

Country
USA

Zip
33613

Country
USA

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

HATCHER, DAVID B
2701 NORTH ROCKY POINT DRIVE
SUITE 1130
TAMPA FL 33607

Name
HATCHER, DAVID B
Street Address (P.O. Box Number is Not Acceptable)
16412 AVILA BLVD
City TAMPA FL Zip Code 33613

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 *David B. Hatcher* DAVID B. HATCHER/PRESIDENT

4/15/03

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 *President*
NAME *David B. Hatcher*
STREET ADDRESS *16412 AVILA BLVD*
CITY-ST-ZIP *TAMPA FL 33613*

TITLE *President (P)*
NAME *David B. Hatcher*
STREET ADDRESS *16412 AVILA BLVD*
CITY-ST-ZIP *TAMPA FL 33613*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: *David B. Hatcher* RE DAVID B. HATCHER/President 4/15/03 (813) 264-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)