

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

07-25-2003 90094 015 ***150.00

DOCUMENT # P02000066445

1. Entity Name
HATCHER INSURANCE, INC.



Principal Place of Business
**720 RUGBY STREET
SUITE 220
ORLANDO FL 32804-4900**

Mailing Address
**720 RUGBY STREET
SUITE 220
ORLANDO FL 32804-4900**

55054387

2. Principal Place of Business

3. Mailing Address

P.O. Box 540689

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Orlando FL

4. FEI Number

41-2046375

Applied For

Not Applicable

Zip

Country

Zip

Country

32854-0689 USA

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUKDARIAN & UNCAPHER PA
228 HILLCREST STREET
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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!!! FE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HATCHER, MARION F III
1203 BRYN MAWR STREET
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HATCHER, HOLLY J III
1203 BRYN MAWR STREET
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03

Date

407-841-2686 x118

Daytime Phone #

CR2ED34 (4/03)

Attachment

**HATCHER
INSURANCE, INC.**

55054387
#P02000066445

MARION F. (MIKE) HATCHER, III
PRESIDENT

August 14, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: CORRECTED 2003 Uniform Business Report of Hatcher Insurance, Inc.

Reference Number: **P02000066445**

To Whom It May Concern:

Enclosed please find the CORRECTED 2003 Uniform Business Report for Hatcher Insurance, Inc., showing a valid FEI number (41-2046375) in Block 4. I apologize for leaving the last digit off the original form and any inconvenience this might have caused.

Thank you for your consideration and attention to this matter.

Sincerely,

Mike

Marion F. (Mike) Hatcher, III

MFH3/em