

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000071193

Entity Name: HATYNA CORP

FILED  
Jan 10, 2003  
Secretary of State

## Current Principal Place of Business:

623 MULBERRY AVE  
SUITE B  
CELEBRATION, FL 34747

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 736  
LOUGHMAN, FL 33858

## New Mailing Address:

623 MULBERRY AVE  
SUITE B  
CELEBRATION, FL 34747 US

FEI Number: 52-2369737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEXAGON INTERNATIONAL, INC  
6205 LAKE WILSON RD - STE C  
DAVENPORT, FL FL

## Name and Address of New Registered Agent:

HEXAGON INTERNATIONAL, INC  
PO BOX 736  
LOUGHMAN, FL 33858 US

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: BERTRAND LE HELLEY

01/10/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: HOLDING LESLIE,  
Address: 2-6 AV HENRI BARBUSSE  
City-St-Zip: BOBIGNY, FR 93000 FR

Title: PS ( ) Change (X) Addition  
Name: CHOUCARD, JEAN LOUIS  
Address: 623 MULBERRY AV  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VPT ( ) Change (X) Addition  
Name: THEUIL, MARIEDOMINIQUE  
Address: 623 MULBERRY AV  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN LOUIS CHOUCARD

PS

01/10/2003

Electronic Signature of Signing Officer or Director

Date