FILED
Jun 30, 2003 8:00 am
Secretary of State

05-02-2003 90736 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099087

1. Entity Name
HUTCHINSON ISLAND TRADING, INC.

55050269

[redacted]

[redacted]

Principal Place of Business	Mailing Address
10701 SOUTH OCEAN BLVD., #865 HUTCHINSON ISLAND JENSEN BEACH FL 34957	10701 SOUTH OCEAN BLVD., #865 HUTCHINSON ISLAND JENSEN BEACH FL 34957

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0469561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALANTE, EDWARD B
518 CAMDEN AVE.
STUART FL 34994

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!!! 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: D NAME: DUCHAJ, ROBERT G STREET ADDRESS: 10701 SOUTH OCEAN BLVD., #865 CITY-ST-ZIP: JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: DUCHAJ, EDDY BETTY STREET ADDRESS: 10701 SOUTH OCEAN BLVD., #865 CITY-ST-ZIP: JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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] REQUIRED — 4/30/03 — 772 341-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

550507169 [redacted]

Attachment

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

#P03000099087
EIN 51-0469561
OMB No. 1545-0003

GG
09

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
HUTCHINSON ISLAND TRADING, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
10701 S. OCEAN BLVD # 865

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
JENSEN BEACH, FLA 34957

5b City, state, and ZIP code

6 County and state where principal business is located
ST. LUCIE COUNTY, FLA.

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 336-30-6009
ROBERT G. DUCHART

8a Type of entry (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☒ Other corporation (specify) ▶ FOR PROFIT CORP.
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ _____
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶ _____
- ☐ Changed type of organization (specify) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ _____
- ☐ Other (specify) ▶

MAY 2 9 2003

10 Date business started or acquired (Mo., day, year) (See instructions.)
9-11-02

11 Closing month of accounting year (See instructions.)
12

ATSU 11847U 40198

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 11/03

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶	Nonagricultural	Agricultural	Household
	2	0	0

14 Principal activity (See instructions.) ▶ TRADING/SELLING/BUYING PRODUCTS

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☒ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
9-11-02	JENSEN BEACH, FLORIDA	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 772-341-1351

Name and title (Please type or print clearly) ▶ Robert G. Duchart

Fax telephone number (include area code): 772-229-2080

Signature ▶ [signature] Date ▶ 5-26-03

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying