

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
 01-24-2001 90015 015 ***150.00

DOCUMENT # P92000005442

1. Entity Name
HULL INVESTMENTS, INC.

Principal Place of Business

**917 TIERRA LAGO WAY
 NAPLES FL 34119
 US**

Mailing Address

**917 TIERRA LAGO WAY
 NAPLES FL 34119
 US**

2. Principal Place of Business

4387 Silver Fox Drive
 Suite, Apt. #, etc.

3. Mailing Address

4387 Silver Fox Drive
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number **65-0387488**

Applied For

Not Applicable

Zip

Country

34119

US

Zip

Country

34119

US

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

6. Name and Address of Current Registered Agent

**RAY, ROBERT M
 917 TIERRA LAGO WAY
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name **Robert M. RAY**
 Street Address (P.O. Box Number is Not Acceptable) **4387 Silver Fox Dr**
 City **Naples** FL Zip Code **34119**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
 NAME **HULL, BARBARA**
 STREET ADDRESS **917 TIERRA LAGO WAY**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☒ Delete
 NAME **RAY, ROBERT M**
 STREET ADDRESS **917 TIERRA LAGO WAY**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **HULL BARBARA**
 STREET ADDRESS **4387 Silver Fox Dr.**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE **D** ☒ Change ☐ Addition
 NAME **RAY Robert M.**
 STREET ADDRESS **4387 Silver Fox Dr.**
 CITY-ST-ZIP **Naples, FL 34119**

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

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

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)