

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080237

1. Entity Name

CATHERINE HUNN, P.A.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90201 001 ***150.00
 05-06-2000 90201 002 *****8.75

Principal Place of Business

971 CENTRAL PARKWAY
 STUART FL 34994

Mailing Address

P.O. BOX 1441
 STUART FL 34995-1441

2. Principal Place of Business

PO Box 1441

3. Mailing Address

Suite, Apt. #, etc.

Stuart Fla

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0450479

Applied For

Not Applicable

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

HUNN, CATHERINE

1371 N.E. ELIZABETH AVE.
 JENSEN BEACH FL 34957

see below

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HUNN, CATHERINE
 CITY-ST-ZIP 624 ST LUCIE CRESENT #405
 STUART FL 34994

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

TITLE ☐ Delete
 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:

Catherine Hunn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

Daytime Phone #

561 2633080

CR2E034 (9/93)