FILED

863-682-0830

## 2002 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied

SIGNATURE:

## Jul 29, 2002 8:00 am DOCUMENT # P94000001453 Secrétary of State 1. Entity Name 07-29-2002 90001 002 \*\*\*550.00 HURST MINCER PROPERTIES, INC. Principal Place of Business Mailing Address 121 PALMOLA ST. P.O.BOX 2284 LAKELAND FL 33803 LAKELAND FL 33806-2284 ยร 2. Principal Place of Business 3. Mailing Address "Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & Stateي City & State 4. FEI Number Applied For 59-3216512 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURST, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 121 PALMOLA STREET LAKELAND FL 33803 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME HURST, RICHARD D NAME STREET ADDRESS 121 PALMOLA ST STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MINCER, CRAIG NAME STREET ADDRESS 3450 CREWS LAKE DR STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information applied with his filling 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 epox 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 true see emotionered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with a dadyess, with all other like empowered.