

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90133 024 \*\*\*150.00

0040448 AV

**DOCUMENT # P94000017677**

1. Entity Name  
**M.F. HUTCHINSON, INC.**



Principal Place of Business  
**5100 SUNBEAM RD  
SUITE 1  
JACKSONVILLE FL 32257**

Mailing Address  
**5100 SUNBEAM RD  
STE 1  
JACKSONVILLE FL 32256**

**60022077**



2. Principal Place of Business

3. Mailing Address

**5100 Sunbeam Rd P.O. Box 23939**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FL 1**

**FL**

City & State

City & State

**JAX FL**

**JAX FL**

Zip

Country

Zip

Country

**32257 USA**

**USA**

**32256 USA**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**NOT APPLICABLE**

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

**HUTCHINSON, M.F.  
5100 SUNBEAM RD #1  
JACKSONVILLE FL 32257**

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	PTD	<input type="checkbox"/> Delete
NAME	HUTCHINSON, MILFORD F	
STREET ADDRESS	5100 SUNBEAM RD SUITE 1	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOYNER, JOHN H	
STREET ADDRESS	5100 SUNBEAM RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)