CAPITAL CONNECTION 850 222 1222

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90271 028 ***155.00

DOCUMENT # P94000031133

1. Entity Name
J. MILFRED HULL, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 HERITAGE WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State
Zip: 34996 Country: MARTIN	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0493423 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: J. MILFRED HULL
Street Address (P.O. Box Number is Not Acceptable): 2 HERITAGE WAY
City: STUART FL Zip Code: 34996

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

Annual Report Due: Jan 1 - May 1. Fee is $150.00. After May 1, Fee is $550.00. Amended UBR is $61.25. 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

TITLE	PRESIDENT
NAME	J. MILFRED HULL
STREET ADDRESS	2 HERITAGE WAY
CITY-ST-ZIP	STUART, FL 34996
TITLE	SECRETARY
NAME	Helen HULL
STREET ADDRESS	2 HERITAGE WAY
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/12/05 772-286-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #