

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90725 043 ***550.00

DOCUMENT # P95000054883

1. Entity Name
HUNTER CORPORATION SOUTH, INC.

Principal Place of Business
 2520 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

Mailing Address
 2520 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134



2. Principal Place of Business
 1250 Messina AV
 Suite, Apt. #, etc.

3. Mailing Address
 1250 Messina AV.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Coral Gables Fla.
Zip
 33134
Country
 U.S.A.

City & State
 Coral Gables FLA.
Zip
 33134
Country
 U.S.A.

4. FEI Number 65-0600692
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 WALTERS, WILLIAM H
 2520 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name Gregory COZAD
Street Address (P.O. Box Number is Not Acceptable) 1250 Messina AV.
City Coral Gables **FL** **Zip Code** 33134

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 *Gregory Cozad* **DATE** 5-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALTERS, WILLIAM H 2520 COUNTRY CLUB PRADO CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D Gregory T COZAD 1250 Messina AV. CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory T COZAD* **DATE** 5-9-02 **Daytime Phone #** 305-6081250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)