

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90022 014 ***150.00

0031522 AV

DOCUMENT # P95000056659

1. Entity Name
HUTCHWORKS, INC.

Principal Place of Business
1580 PARK TERRACE W
ATLANTIC BEACH FL 32233
US

Mailing Address
1580 PARK TERRACE W
ATLANTIC BEACH FL 32233
US



2. Principal Place of Business

X 1560 Selva Marina Dr.

3. Mailing Address

1560 Selva Marina Dr.

Suite, Apt. #, etc.

Atlantic Beach

Suite, Apt. #, etc.

Atlantic Beach

City & State

Florida

City & State

Florida

Zip

32233

Country

USA

Zip

32233

Country

USA

4. FEI Number

59-3325127

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUTCHERSON, WILLIAM A
320 OSCEOLA AVENUE
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

X 1560 Selva Marina Dr.

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

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 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **HUTCHERSON, WILLIAM A**
STREET ADDRESS **320 OSCEOLA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ Delete
NAME **HUTCHERSON, AMELIA W**
STREET ADDRESS **320 OSCEOLA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. DPT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Change ☐ Addition
NAME **Hutcherson, William A.**
STREET ADDRESS **X 1560 Selva Marina Dr.**
CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE **S** ☐ Change ☐ Addition
NAME **Hutcherson, Amelia W**
STREET ADDRESS **X 1560 Selva Marina Dr.**
CITY-ST-ZIP **Atlantic Beach, FL 32233**

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

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

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

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:

WILLIAM A HUTCHERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/02
Date

909 297-7793
Daytime Phone #

CR2E034 (9/01)