

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90115 039 ***158.75

DOCUMENT # P95000066616

1. Entity Name
HATT TRICK, INC.

Principal Place of Business
FIRST IMPRESSIONS
2214 S. SEACREST BLVD.
BOYNTON BCH. FL 33435
US

Mailing Address
2214 S. SEACREST BLVD.
BOYNTON BEACH FL 33435
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0607590**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

O'KEEFE, JANICE
4974 SE INKWOOD WAY
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

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

8867 SE Marina Bay

City

Hobe Sound FL

Zip Code **33455**

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

Janice O'Keefe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/02

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 **PVST** ☐ Delete
 NAME **O'KEEFE, JANICE**
 STREET ADDRESS **4974 SE INKWOOD WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete
 NAME **O'KEEFE, JANICE**
 STREET ADDRESS **4974 SE INKWOOD WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **T** ☐ Delete
 NAME **O'KEEFE, WILLIAM**
 STREET ADDRESS **4974 SE INKWOOD WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **S** ☐ Delete
 NAME **O'KEEFE, WILLIAM**
 STREET ADDRESS **4974 SE INKWOOD WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **O'Keefe, Janice**
 STREET ADDRESS **8867 SE Marina Bay Dr**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **D** ☒ Change ☐ Addition
 NAME **O'Keefe, Janice**
 STREET ADDRESS **8867 SE Marina Bay Dr**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **T** ☒ Change ☐ Addition
 NAME **O'Keefe, William**
 STREET ADDRESS **8867 SE Marina Bay Dr**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **S** ☒ Change ☐ Addition
 NAME **O'Keefe, William**
 STREET ADDRESS **8867 SE Marina Bay Dr**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

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:

Janice O'Keefe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

Daytime Phone #

CR2E034 (9/01)