

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90017 029 ***150.00

DOCUMENT # P95000075414

1. Entity Name

HARTWELL INTERAMERICA INC.

Principal Place of Business

Mailing Address

909 COPPERFIELD TERRACE
CASSELBERRY FL 32707

909 COPPERFIELD TERRACE
CASSELBERRY FL 32707

2. Principal Place of Business

517 POLARIS LOOP

3. Mailing Address

P.O. Box 181455

Suite, Apt. #, etc.

UNIT 101

City & State

CASSELBERRY

City & State

CASSELBERRY

Zip

32707

Country

SEMINOLE

Zip

32718-1455

Country

SEMINOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTWELL, REGINALD B

909 COPPERFIELD TERRACE
CASSELBERRY FL 32707

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

517 POLARIS LOOP UNIT 141

City

CASSELBERRY

FL

Zip Code

32707

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HARTWELL, REGINALD B 909 COPPERFIELD TERRACE CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTWELL, REGINALD D 909 COPPER CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARTWELL, MERILYN B 909 COPPERFIELD TERRACE CASSELBERRY FL	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 517 POLARIS LOOP UNIT 101 CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13401 N. RANCHO VISTOSO BLVD UNIT 141 ORO VALLEY AZ 85737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13401 N. RANCHO VISTOSO BLVD UNIT 141 ORO VALLEY AZ 85737
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

520 742-6463

Date

Daytime Phone #

CR2E034 (10/00)