

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020319

Entity Name
HATCHER HEAVY EQUIPMENT, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90152 046 ***150.00

Principal Place of Business
335 HUCKLEBERRY LANE
SOUTHPORT FL 32409

Mailing Address
4335 HUCKLEBERRY LANE
SOUTHPORT FL 32409

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3368339

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

HATCHER, ROBERT L
4335 HUCKLEBERRY LANE
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

LE ME
ST
HATCHER, MARY
4335 HUCKLEBERRY LANE
SOUTHPORT FL 32409 ☐ Delete

LE ME
V
JORGENSEN, DANNY L
4335 HUCKLEBERRY LANE
SOUTHPORT FL 32409 ☐ Delete

LE ME
P
HATCHER, ROBERT L
4335 HUCKLEBERRY LANE
SOUTHPORT FL 32409 ☐ Delete

LE ME

☐ Delete

LE ME

☐ Delete

LE ME

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02 (850) 265-4359

Date

Daytime Phone #

CR2E034 (9/01)