


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90179 014 \*\*\*150.00

DOCUMENT # *P96000020319*

1. Entity Name  
*Hatcher Heavy Equipment, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*4335 Huckleberry Lane*

3. Mailing Address  
*4335 Huckleberry Lane*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Southport Florida*

City & State  
*Southport Florida*

Zip  
*32409*

Country  
*Bay*

4. FEI Number  
*59-3368339*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Robert Hatcher*

Street Address (P.O. Box Number is Not Acceptable)  
*4335 Huckleberry Lane*

City  
*Southport*

FL Zip Code  
*32409*

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. I am familiar with, and accept the obligations of registered agent. \*

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE <i>President</i>	NAME <i>Robert Hatcher</i>	TITLE	
STREET ADDRESS <i>4335 Huckleberry Lane</i>	CITY-ST-ZIP <i>Southport Fl 32409</i>	STREET ADDRESS	
TITLE <i>VISIT</i>	NAME <i>MARY HATCHER</i>	TITLE	
STREET ADDRESS <i>4335 Huckleberry Lane</i>	CITY-ST-ZIP <i>Southport Fl 32409</i>	STREET ADDRESS	
TITLE <i>D/C</i>	NAME <i>DANNY JORGENSEN</i>	TITLE	
STREET ADDRESS <i>4335 Huckleberry Lane</i>	CITY-ST-ZIP <i>Southport Fl 32409</i>	STREET ADDRESS	
TITLE <i>MD</i>	NAME <i>Sandra Milewski</i>	TITLE	
STREET ADDRESS <i>4335 Huckleberry Lane</i>	CITY-ST-ZIP <i>Southport, Fl 32409</i>	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Hatcher* *Mary Hatcher* *4-17-03* *(850) 265-4359*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)