

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90183 037 ***150.00

DOCUMENT # P97000000479

1. Entity Name
HURLEY PARTIN WHITAKER, P.A.



Principal Place of Business
**312 S. HARBOR CITY BLVD.
SUITE 1
MELBOURNE FL 32901**

Mailing Address
**312 S. HARBOR CITY BLVD.
SUITE 1
MELBOURNE FL 32901**



2. Principal Place of Business

**500 N. Harbor City Blvd.
Suite D**

3. Mailing Address

**500 N. Harbor City Blvd.
Suite D**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL

Melbourne, FL

Zip

Country

Zip

Country

32935

USA

32935

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3443989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITAKER, HURLEY PARTIN
312 S. HARBOR CITY BLVD., SUITE 1
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Whitaker, Hurley Partin**
Street Address (P.O. Box Number is Not Acceptable)
**500 N. Harbor City Blvd.
Suite D**
City **Melbourne** FL Zip Code **32935**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, HURLEY PARTIN	
STREET ADDRESS	312 S. HARBOR CITY BLVD., SUITE 1	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, SYLVIA	
STREET ADDRESS	312 S. HARBOR CITY BLVD., SUITE 1	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitaker, Hurley Partin	
STREET ADDRESS	500 N. Harbor City Blvd., Ste D	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitaker, Sylvia	
STREET ADDRESS	500 N. Harbor City Blvd Ste D	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

Daytime Phone #

CR2E034 (10/02)