

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90250 029 ***150.00

DOCUMENT # P97000005144

1. Entity Name

HASTINGS AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

~~19941 GULF BLVD. STE E
 INDIAN SHORES FL 33785~~

~~19941 GULF BLVD. STE E
 INDIAN SHORES FL 33785-2447~~

2. Principal Place of Business
HASTINGS & ASSOCIATES, P.A.

3. Mailing Address

~~2207 54TH ST S
 SUITE, APT. #2207
 GULFPORT, FL 33707~~

~~HASTINGS & ASSOCIATES, P.A.
 SUITE, APT. #2207
 2207 54TH ST S
 GULFPORT, FL 33707~~

City & State

City & State

4. FEI Number

59-3420157

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

7. Name and Address of New Registered Agent

~~HASTINGS, DAVID C
 19941 GULF BLVD. STE E
 INDIAN SHORES FL 33785~~

Name **David C Hastings**

Street Address (P.O. Box Number is Not Acceptable)
**HASTINGS & ASSOCIATES, P.A.
 2207 54TH ST S
 GULFPORT, FL 33707**

City

FL

Zip Code

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]

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
 NAME **PSTD HASTINGS, DAVID C**
 STREET ADDRESS **19941 GULF BLVD. STE E**
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE Change Addition
 NAME **HASTINGS & ASSOCIATES, P.A.**
 STREET ADDRESS **2207 54TH ST S**
 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Delete
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

Date

Daytime Phone #

CR2E034 (9/99)