

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90123 025 \*\*\*150.00

**DOCUMENT # P97000025149**

1. Entity Name

**HATFIELD INVESTMENTS, INC.**

Principal Place of Business

**6212 GRAND BLVD  
NEW PORT RICHEY FL 34652**

Mailing Address

**9301 DENTON AVE.  
HUDSON FL 34674-5577**

2. Principal Place of Business

**6214 Grand Blvd**

3. Mailing Address

**5624 Delaware Av**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**New Port Richey, FL**

4. FEI Number

**59-3442591**

Applied For

Not Applicable

Zip

Country

Zip

**34652**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HATFIELD, ROBERT D  
9301 DENTON AVE.  
HUDSON FL 34674-5577**

7. Name and Address of New Registered Agent

Name

**AVA HATFIELD**

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

**5624 DELAWARE AV**

City

**NEW PORT RICHEY FL**

Zip Code

**34652**

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

**Ava Hatfield**

**President**

**4-05-02**

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, 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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HATFIELD, ROBERT D</b>	
STREET ADDRESS	<b>9301 DENTON AVE.</b>	
CITY-ST-ZIP	<b>HUDSON FL 34674-5577</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>HATFIELD, AVAR</b>	
STREET ADDRESS	<b>5624 DELAWARE AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Ava Hatfield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-05-02**

Date

**727-845-8018**

Daytime Phone #

CR2E034 (9/01)