

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052678

1. Entity Name

HATTEN AND FREDERES-KJAR, PA.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90048 050 ***150.00

Principal Place of Business

1112 THIRD STREET
SUITE 7
NEPTUNE BEACH FL 32266

Mailing Address

1112 THIRD STREET
SUITE 7
NEPTUNE BEACH FL 32250-7012

2. Principal Place of Business

228 NORTH 3RD ST.

Suite, Apt. #, etc.

3. Mailing Address

228 NORTH 3RD ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

Zip

32250

Country

4. FEI Number

59-3378566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATTEN, DAVID K
1112 THIRD STREET
SUITE 7
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name

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

228 NORTH 3RD ST.

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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

David K. Hatten

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-2000

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS HATTEN, DAVID K
CITY-ST-ZIP 974 OWEN AVE
JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME D
STREET ADDRESS FREDERES-KJAR, CAROL
CITY-ST-ZIP 332 3RD STREET
ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

Carol Frederes-Kjar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/00

Daytime Phone #

CR25024 (9/00)