

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052678

1. Entity Name

HATTEN AND FREDERES-KJAR, PA.

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90063 033 \*\*\*150.00

Principal Place of Business

228 N 3RD ST  
JACKSONVILLE BEACH FL 32250

Mailing Address

228 N 3RD ST  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

974 OWEN AVENUE

3. Mailing Address

974 OWEN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

City & State

JACKSONVILLE BCH FL

Zip

32250

Country

FLORIDA

Zip

32250

Country

USA

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  
228 N 3RD ST  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

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

974 OWEN AVENUE

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

DAVID K. HATTEN

1/26/01

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, 2001 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 D ☐ Delete  
NAME HATTEN, DAVID K  
STREET ADDRESS 974 OWEN AVE  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

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

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

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: Carol Frederes-Kjar CAROL FREDERES-KJAN 01-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

021675

CR2E034 (10/00)