

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108304

1. Entity Name

HINKSON-GRIMES & ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90442 041 ***158.75

Principal Place of Business

Mailing Address

14802 N. DALE MABRY
 202
 TAMPA FL 33618
 US

14802 N DALE MABRY
 202
 TAMPA FL 33618-2073
 US

2. Principal Place of Business

14802 N. Dale Mabry

3. Mailing Address

14802 N. Dale Mabry

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Tampa FL

City & State

Tampa FL 33618

Zip

33618

Country

US

Zip

33618

Country

US

4. FEI Number

59-3483144

Applied For

Not Applicable

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

GRIMES, FRANK
 15812 DEEP CREEK LN
 TAMPA FL 33614

Name

GRIMES, FRANK

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

15812 Deep Creek Ln

City

Tampa FL

FL

Zip Code

33624

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

Frank Grimes CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HINKSON, GREGORY N	
STREET ADDRESS	4131 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMES, FRANK A	
STREET ADDRESS	4131 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #

813 963-2888

CR2E034 (9/99)