

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075180

1. Entity Name

JOSEPH HUNTING, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90033 029 ***150.00

Principal Place of Business

Mailing Address

~~422 N. PALMWAY~~ **736 ISLAND WAY**
~~LAKE WORTH FL 33460~~
POST OFFICE BOX ~~3115~~
~~BOCA RATON FL 33433~~
Clearwater 33767

2. Principal Place of Business

3. Mailing Address

736 Island Way
Suite, Apt. #, etc. **#905**
City & State **Clearwater FL**

P.O. Box 3115
Suite, Apt. #, etc. **Clearwater FL**
City & State **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3642898** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒
Zip Country **33767 Pinellas** Zip Country **33767 Pinellas**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD HUNTING, JOSEPH N 422 NORTH PALMWAY LAKE WORTH FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

5/1/00
Date

727-4051212
Daytime Phone

CR2E034 (9/99)