

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077665

1. Entity Name

MEL HATTON PROFESSIONAL LAND SURVEYOR INC.

Principal Place of Business

Mailing Address

~~100 ISLE OF SAINT THOMAS STREET~~  
NAPLES FL 34114

~~100 ISLE OF SAINT THOMAS STREET~~  
NAPLES FL 34114-9402

2. Principal Place of Business

3. Mailing Address

3806 EXCHANGE AVE.

3806 EXCHANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3529597

Applied For

Not Applicable

Zip

34104

Country

Zip

34104

Country

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

HATTON, MELVIN

~~100 ISLE OF SAINT THOMAS STREET~~  
NAPLES FL 34114

Name

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

3806 EXCHANGE AVE.

City

FL

Zip Code

34104

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	P	<input type="checkbox"/> Delete
NAME	HATTON, MELVIN	
STREET ADDRESS	<del>100 ISLE OF ST THOMAS ST</del> 3806 Exchange Ave	
CITY-ST-ZIP	NAPLES FL 34114 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90031 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)