

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90132 019 \*\*\*150.00

**DOCUMENT # P98000079467**

1. Entity Name

**THE HASTINGS GROUP, INC.**

Principal Place of Business

Mailing Address

~~1677 TORRINGTON CIR~~  
~~LONGWOOD FL 32750~~

~~1677 TORRINGTON CIR~~  
~~LONGWOOD FL 32750~~

2. Principal Place of Business

3. Mailing Address

**3940 Peace Pipe Drive**  
 Suite, Apt. #, etc.  
**Orlando FL**

**3940 Peace Pipe Dr.**  
 Suite, Apt. #, etc.  
**Orlando FL**

City & State

City & State

**32829**

**Orlando FL**

Zip

Country

Zip

Country

**USA**

**32829**

**USA**

4. FEI Number

**59-3534376**

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

**HASTINGS, DON**

~~1677 TORRINGTON CIRCLE~~  
~~LONGWOOD FL 32810~~

Name

**Don Hastings**

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

**3940 Peace Pipe Drive**

City

**Orlando**

**FL**

Zip Code

**32829**

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

*Brenda K Hastings*

**4-25-02**

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, 2002 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 **PD** ☐ Delete  
 NAME **HASTINGS, DONALD B**  
 STREET ADDRESS ~~1677 TORRINGTON CIR~~  
 CITY-ST-ZIP ~~LONGWOOD FL 32750~~

TITLE **President** ☒ Change ☐ Addition  
 NAME **Donald B. Hastings**  
 STREET ADDRESS **3940 Peace Pipe Dr.**  
 CITY-ST-ZIP **Orlando FL 32829**

TITLE **VD** ☐ Delete  
 NAME **HASTINGS, MATTHEW B**  
 STREET ADDRESS **1095 LYNNBROOK ST NW**  
 CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **STD** ☐ Delete  
 NAME **HASTINGS, BRENDA K**  
 STREET ADDRESS ~~1677 TORRINGTON CIR~~  
 CITY-ST-ZIP ~~LONGWOOD FL 32750~~

TITLE **Sec-Treas** ☒ Change ☐ Addition  
 NAME **Brenda K. Hastings**  
 STREET ADDRESS **3940 Peace Pipe Dr.**  
 CITY-ST-ZIP **Orlando FL 32829**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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:**

*Brenda K Hastings*

**Brenda K. Hastings**

**4-25-02**

**382-5509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)