

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

0023016 AV

DOCUMENT # P99000038064

1. Entity Name
HST VENTURES, INC.



05-30-2003 90082 036 ***150.00

Principal Place of Business
~~729 POST STREET~~
JACKSONVILLE FL 32204

Mailing Address
~~729 POST STREET~~
JACKSONVILLE FL 32204



2. Principal Place of Business

3. Mailing Address

751 OAK STREET

751 OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

SUITE 600

City & State

City & State

4. FEI Number 59-3573215

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINS, RAYMOND L
~~729 POST STREET~~
JACKSONVILLE FL 32204

Name

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

751 OAK STREET, SUITE 600

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HUTCHINS, RAMOND L
STREET ADDRESS ~~729 POST STREET~~
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS 751 OAK STREET, SUITE 600 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE VD
NAME SHAW, R LAMAR JR
STREET ADDRESS ~~729 POST STREET~~
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS 751 OAK STREET, SUITE 600 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE STD
NAME THORNTON, JOHN T
STREET ADDRESS ~~729 POST STREET~~
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS 751 OAK STREET, SUITE 600 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond L. Hutchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03
Date

904-358-0900
Daytime Phone #

CR2E034 (10/02)