FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90351 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048276

1. Entity Name
HIBAC CHARTERED

11036790

Principal Place of Business	Mailing Address
P. O. BOX 4196 OCALA, FL 34478-4196	P. O. BOX 4196 OCALA, FL 34478-4196

CHECK HERE IF MAKING CHANGES ☑

2. Principal Place of Business	3. Mailing Address
2850 SE 199th TER	2850 SE 199th TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MORRISTON FL	City & State: MORRISTON FL
Zip: 32668 Country: LEVY	Zip: 32668 Country: LEVY

4. FEI Number 59-3581171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRACEY-GIBBON, ROBIN
2850 SE 199TH TER
MORRISTON, FL 32268

7. Name and Address of New Registered Agent

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

SIGNATURE Robin Bracey-Gibbon ROBIN BRACEY-GIBBON 04/30/2003
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BRACEY-GIBBON, ROBIN P. O. BOX 4196 OCALA, FL 344784196	☐ Delete	PSTD BRACEY-GIBBON, ROBIN 2850 SE 199th TERRACE MORRISTON FL 32668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Sir Robin Bracey-Gibbon SIR ROBIN BRACEY-GIBBON 04/30/2003 3525280983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #