

2002 UNIFORM BUSINESS REPORT (UBR)

0116468 AT

DOCUMENT # P99000080802

1. Entity Name
HUB CITY DEVELOPMENT GROUP, INC.

FILED

02 AUG 22 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
550 W. REDSTONE AVE
STE. 470
CRESTVIEW FL 32536
US

Mailing Address
~~550 W. REDSTONE AVE~~
~~STE. 470~~
~~CRESTVIEW FL 32536~~
~~US~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6061 W. Dogwood DR
Suite, Apt. #, etc.

City & State
CRESTVIEW, FL
Zip
32536
Country
U.S.A.

4. FEI Number 59-3679206
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BANKERT, GLENN M
550 W. REDSTONE AVE
STE. 470
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent
Name
TIMOTHY M. CLARK
Street Address (P.O. Box Number is Not Acceptable)
6061 W. Dogwood DR
City
CRESTVIEW FL Zip Code
32536

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 Timothy M. Clark TIMOTHY M. CLARK, PRES 8/22/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
TITLE DVP
NAME BANKERT, GLENN M
STREET ADDRESS 550 W. REDSTONE AVE, #470
CITY-ST-ZIP CRESTVIEW FL 32536
TITLE PD
NAME CADENHEAD, ROBERT E
STREET ADDRESS 850 N. FERDON BLVD.
CITY-ST-ZIP CRESTVIEW FL 32536
TITLE ~~SD~~
NAME CLARK, TIMOTHY M
STREET ADDRESS 850 N. FERDON BLVD.
CITY-ST-ZIP CRESTVIEW FL 32536
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100007667401--8
-09/11/02--01053--001
***550.00
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEE THIGPEN
550 W. REDSTONE AVE
CRESTVIEW, FL. 32536
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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: Timothy M. Clark TIMOTHY M. CLARK, PRES. 8/22/02 850-585-7450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)