

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90012 018 \*\*\*150.00

**DOCUMENT # S42995**

1. Entity Name

**J.H. HULL, INC.**

Principal Place of Business

**606 CHARLIE WIGGINS RD  
 PLANT CITY FL 33567**

Mailing Address

**606 CHARLIE WIGGINS RD  
 PLANT CITY FL 33567**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0256168**

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

**HULL, JAMES H  
 606 CHARLIE WIGGINS RD  
 PLANT CITY FL 33567**

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.

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, 2001 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          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | HULL, J.H.                        |                                            |
| STREET ADDRESS | 606 CHARLIE WIGGINS RD            |                                            |
| CITY-ST-ZIP    | PLANT CITY FL 33567               |                                            |
| TITLE          | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | HULL, CAROLYN B.                  |                                            |
| STREET ADDRESS | 1307 W. HIGHWAY 60                |                                            |
| CITY-ST-ZIP    | PLANT CITY FL                     |                                            |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | SULLIVAN, E.H.                    |                                            |
| STREET ADDRESS | 3475 GORDY ROAD                   |                                            |
| CITY-ST-ZIP    | FT. PIERCE FL                     |                                            |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | SULLIVAN, JOANN                   |                                            |
| STREET ADDRESS | 3475 GORDY ROAD                   |                                            |
| CITY-ST-ZIP    | FT. PIERCE FL                     |                                            |
| TITLE          | <del>D</del>                      | <input type="checkbox"/> Delete            |
| NAME           | <del>Susie Futch</del>            |                                            |
| STREET ADDRESS | <del>606 Charlie Wiggins Rd</del> |                                            |
| CITY-ST-ZIP    | <del>Plant City, FL 33567</del>   |                                            |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |                                            |
| STREET ADDRESS |                                   |                                            |
| CITY-ST-ZIP    |                                   |                                            |

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Susie Futch            |                                                                              |
| STREET ADDRESS | 606 Charlie Wiggins Rd |                                                                              |
| CITY-ST-ZIP    | Plant City, FL 33567   |                                                                              |
| 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:** James H Hull James H Hull Pres 30 APR 01 813 737-1832  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)