## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSINE	55	REPORT	r (t	JBR)		Apr 23, 2003 6.00 am
1. Entity Nam	MENT # V0623 HINGS, INC.	1					Secretary of State 04-25-2003 90170 024 ***155.00
Principal Place of Business % DEMPSIE MCCHRISTIAN 365 SOUTH BEACH ROAD HOBE SOUND FL 33455 US			Mailing Address  * DEMPSIE MCCHRISTIAN  365 SOUTH BEACH ROAD  HOBE SOUND FL 33455  US				
2. Principal Place of Business			3. Mailing Address				7 TEBEL BOLISTE BOLIST BY THE THE STATE OF THE STATE BY BUSINESS STATE OF THE STATE
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
City & State			City & State			<b>4</b> . F	El Number 65-0311842 Applied For Not Applicable
Zip Country		Zip		Country		5. 0	Certificate of Status Desired Sa.75 Additional Fee Required
<del></del>	6. Name and Address of Current I	<u> </u> Realster	ed Agent	<u>_ = ==}.</u>		7. N	lame and Address of New Registered Agent
					:-Name:		
MCCHRISTIAN, DEMPSIE				Street Address (P.O. Box Number is Not Acceptable)			
365 S. BC			Ollock Address		DATE HOLVE OF CONTROL		
HOBE SOUND FL 33455						-	
			, ,		City FL Zip Code		
	ions of registered agent.  Signature, typed or printed name of registered agent a			Registere	d Agent signatura requ	·	ent, or both, in the State of Florida. I am familiar with, and accept DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			· ·		-0.5		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTO	ORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MCCHRISTIAN, DEMPSIE 365 SOUTH BEACH RD HOBE SOUND FL 33455		☐ Delete		l l	•^	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		☐ Change ☐ Addition
TITLE			☐ Delete	ŢITLE	,		☐ Change ☐ Addition
NAME		<u>.</u>			ET ADDRESS	** <u>***</u> ****	
CITY-ST-ZIP				5	-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i		☐ Change ☐ Addition
TITLE			☐ Delete	TITLE			☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP