2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F39419

HUGGETT, WILLIAM,

MIAMI, FL

66 W. FLAGLER ST., 400

Name:

Address: City-St-Zip:

Entity Name: LAW OFFICE OF WILLIAM HUGGETT, P.A.

FILED Mar 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 66 W FLAGLER ST 400 66 W FLAGLER STREET MIAMI, FL 33130 400 MIAMI, FL 33130 **Current Mailing Address: New Mailing Address:** 66 W FLAGLER ST 400 66 W FLAGLER STREET MIAMI, FL 33130 400 MIAMI, FL 33130 FEI Number: 59-2094595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUGGETT, WILLIAM HUGGETT, WILLIAM 66 W. FLAGLER ST., SUITE 400 66 W. FLAGLER STREET MIAMI, FL 33130 400 MIAMI, FL 33130 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: WILLIAM HUGGETT 03/01/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HUGGETT, WILLIAM, Name: Name: 66 W. FLAGLER ST., 400 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: HUGGETT, WILLIAM. Name: 66 W. FLAGLER ST., 400 Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM HUGGETT P 03/01/2002