FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90213 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 184997

1. Entity Name
HUCKABAY, INC. ✓

A0065391

Principal Place of Business	Mailing Address
36716 ST JOE RD DADE CITY FL 33525	PO BOX 7 DADE CITY FL 33525

[redacted]

DO NOT WRITE IN THIS SPACE

	P.O. BOX 1547		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State: DADE CITY, FL	4. FEI Number: 59-0748344	☐ Applied For ☐ Not Applicable
Zip / Country	Zip: 33526 / Country: USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUCKABAY, LEE J
36716 ST JOE RD
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name: LEE G. BROWN
Street Address (P.O. Box Number is Not Acceptable): 13351 10TH STREET
City: DADE CITY. FL Zip Code: 33525

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: LEE G. BROWN Lee G. Brown April 5, 2001
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUCKABAY, LEE J P.O. BOX 7 DADE CITY FL 33526	☒ Delete	RECEIVER LEE G. BROWN, CPA 13351 10TH STREET DADE CITY, FL. 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HUCKABAY, BARBARA P.O. BOX 995 DADE CITY FL 32525	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WALTER, JANE P.O. BOX 7 DADE CITY FL 33526	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SEE ATTACHED COURT ORDER RE APPOINTMENT AS RECEIVER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Lee G. Brown LEE G. BROWN, RECEIVER 4-5-01 352-567-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number