2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2002 8:00 am § Secretary of State DOCUMENT # 195163 1. Entity Name ALBERT HUGO ASSOCIATES, INC. 04-26-2002 90022 003 ***150 00 Principal Place of Business Mailing Address 3139 PHILIPS HWY 3139 PHILIPS HWY **U II U I** U JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0777240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGO, RICHARD A. Street Address*(P.O. Box Number is Not Acceptable) 3139 PHILIPS HWY JACKSONVILLE FL WOOT 32207 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 HAPSIS, MARILYN NAME NAME STREET ADDRESS 3139 PHILIPS HWY STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 0 CITY-ST-ZIP PD ☐ Delete TITLE Change Addition NAME HUGO, RICHARD A NAME STREET ADDRESS 3139 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 0 CITY-ST-ZIP SD Delete TITLE ☐ Change ☐ Addition NAME HUGO, EDWARD E NAME STREET ADDRESS 3139 PHILIPS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 0 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **XX**Addition S/T, D NAME NAME Hugo, Charles P. 3139 Philips Hwy STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FĹ 32207 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 reserver or trusfeed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

ME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition