

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90934 022 ***150.00

0428285 AV

DOCUMENT # 203155

1. Entity Name
HUGH H. BRANCH, INC.



Principal Place of Business
**2900 HWY 441 NORTH
BELLE GLADE FL 33430
US**

Mailing Address
**PO BOX 598
PAHOKEE FLA 33476
US**



2. Principal Place of Business
2900 State Road 15

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Belle Glade, Fl.

City & State

4. FEI Number
59-0804813

Applied For
Not Applicable

Zip
33430

Country
Palm Beach

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANCH, HUGH H
2801 BACOM POINT RD.
PAHOKEE FL 33476**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANCH, HUGH H 2801 BACOM POINT RD. PAHOKEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANCH, BARBARA 2801 BACOM POINT RD. PAHOKEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRANCH, HUGH H JR. 13646 CALLINGTON DR WELLINGTON FL 33414	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

561-996-6500

Daytime Phone #

CR2E034 (10/02)