

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280467

1. Entity Name

HUSMANN & CO.

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90096 015 \*\*\*150.00

Principal Place of Business

Mailing Address

602 S.W. PINE TREE LANE  
PALM CITY FL 34990  
US

602 S.W. PINE TREE LANE  
PALM CITY FL 34990-1424  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1036581

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, CORYNNE H  
602 SW PINE TREE LANE  
PALM CITY FL 34490

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.

SIGNATURE

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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 ☐ Delete  
NAME P  
STREET ADDRESS MARTHA H. DOBES  
CITY-ST-ZIP 2898 RIVERMEADE DR NW ATLANTA GA

TITLE ☒ Change ☐ Addition  
NAME Martha H. Dobes  
STREET ADDRESS 2807 Osborne Rd.  
CITY-ST-ZIP Atlanta GA 30319

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CORYNNE H. CARTER  
CITY-ST-ZIP 1100 SW SHORELINE DR #310 PALM CITY FL

TITLE ☒ Change ☐ Addition  
NAME Corynne H. Carter  
STREET ADDRESS 602 S.W. Pine Tree Ln.  
CITY-ST-ZIP Palm City FL 34990

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOBES, WILLIAM L  
CITY-ST-ZIP 2898 RIVERMEADE DR, N.W. ATLANTA GA 30327

TITLE ☒ Change ☐ Addition  
NAME William L. Dobes  
STREET ADDRESS 2807 Osborne Rd.  
CITY-ST-ZIP Atlanta, GA 30319

TITLE ☐ Delete  
NAME S  
STREET ADDRESS HUGO A. CARTER  
CITY-ST-ZIP 602 S.W. PINE TREE LN PALM CITY FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARGARET C. HUSMANN  
CITY-ST-ZIP 625 RIVER DR. STUART FL

TITLE ☒ Change ☐ Addition  
NAME Margaret C. Husmann  
STREET ADDRESS 1600 S.W. Capri St.  
CITY-ST-ZIP Palm City, FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Corynne H. Carter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 (561) 387-4409  
Date Daytime Phone #

CR2E034 (9/99)