

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 324071

1. Entity Name

JOHN P. HUTH INSURANCE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90107 015 ***150.00

Principal Place of Business

Mailing Address

7019 18TH AVE DR W
BRADENTON FL 34209
US

7019 18TH AVE DR NW
BRADENTON FL 34209-1251
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~JOHN P. HUTH INSURANCE INC.~~
~~Suite, Apt., Etc.~~
~~5203 GULF DR~~
~~HOLMES BEACH FL 34217~~
~~City & State~~

~~JOHN P. HUTH INSURANCE INC.~~
~~Suite, Apt., Etc.~~
~~5203 GULF DR~~
~~HOLMES BEACH FL 34217~~
~~City & State~~

4. FEI Number 59-1201732

Applied For
Not Applicable

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

HUTH, JOHN P
7019 18TH AVE DR W
BRADENTON FL 34209

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 NAME STREET ADDRESS CITY - ST - ZIP	P HUTH, JOHN P 7019 18TH AVE DR NW BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HUTH, WILLIAM H. C. 7215-6TH AVE NW BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUTH, BETTY LOU 7019 18TH AVE DR NW BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X John P Huth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1-15-2000* Daytime Phone #: *941 7748202*